

To be completed no more than three (3) years prior to certification application

Part One: To be completed by the doula certification candidate

Doula's name _____

Address _____

Phone (_____) _____ Email _____

Date(s) of class/workshop attended _____ Hours of instruction _____

With my initials I confirm that I observed the entire class/workshop. _____ (doula's initials)

Basic outline of lactation class/workshop: (May use the back of this form or attach additional paper.)

Part Two: To be completed by the instructor/certified lactation professional

Full Name and credentials of instructor

Address

Phone (_____) _____ Email _____

Certifying organization for lactation credential

I confirm that the above-named doula certification candidate did in fact attend my entire lactation class/workshop, as indicated above.

Instructor's signature _____ Date _____