

*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 breastfeeding 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

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Address

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Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Certifying organization for lactation credential

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

Instructor's signature \_\_\_\_\_ Date \_\_\_\_\_