

**Part One: To be completed by the observing doula certification candidate** (Please PRINT)

Doula's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

The entire series of childbirth education classes consists of \_\_\_\_\_ sessions, each with \_\_\_\_\_ hours of instruction time, for a total of \_\_\_\_\_ hours. List dates of classes observed \_\_\_\_\_

With my initials I confirm that I observed the complete series of childbirth classes. \_\_\_\_\_ (doula's initials)

BRIEFLY list the major topics that were addressed in the series of classes you observed:



---

**Part Two: To be completed by the childbirth instructor** (Please PRINT)

Full Name (include credentials)

\_\_\_\_\_

Address

\_\_\_\_\_

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

Email \_\_\_\_\_

Trained \_\_\_ Certified \_\_\_ as a childbirth instructor with (name of organization/program) \_\_\_\_\_

Year of program completion or certification (or most recent recertification) as childbirth instructor \_\_\_\_\_

**The above named doula certification candidate did observe the entire series of childbirth classes, taught by me, as indicated in Part One.**

Signature \_\_\_\_\_ Date

\_\_\_\_\_

Thank you very much for taking the time to complete this form. If you have any comments or questions, feel free to contact the DONA International certification committee at the address printed on the letterhead. DONA International reserves the right to contact you during the review process with any questions.

Doula's Name \_\_\_\_\_

**Part Three: To be completed by the doula certification candidate** (*after* observing the entire series of classes)

1) Other series of childbirth classes for expectant parents offered in your area (as applicable, list up to three):

a) # of sessions \_\_\_\_ # of hours \_\_\_\_ Type of class and/or Instructor's experience or credentials \_\_\_\_\_

b) # of sessions \_\_\_\_ # of hours \_\_\_\_ Type of class and/or Instructor's experience or credentials \_\_\_\_\_

c) # of sessions \_\_\_\_ # of hours \_\_\_\_ Type of class and/or Instructor's experience or credentials \_\_\_\_\_

2) Explain why you chose the class you observed for certification:

3) Was the information presented evidence-based and current? Yes / No Describe:

4) Based on your knowledge from the required reading, were any topics missing, or not discussed in as much depth, as you would have expected? Describe:

5) What resources could you offer expectant parents to help them be well prepared for the remainder of their pregnancy, labor, birth and postpartum?

6a) What kind of questions and concerns did parents in the class have?

6b) How were those addressed and responded to in class?

7 a) Did the class learn about birth doulas and labor support? Yes / No

7b) Did the class learn about postpartum doulas and the support they can offer? Yes / No

8) Did you have an opportunity to introduce yourself as a doula certification candidate? Yes / No Describe:

9) Did you connect with the instructor on a professional level? Yes / No Please Describe:

10) Do you have any additional thoughts or reactions?

Continue any of your responses on a separate page, attach and indicate the number of additional pages \_\_\_\_\_