APPLICAT ION/ AFFIDAVIT FOR BIRTH DOULA RECERTIFICATION

Please print legibly and complete the form in its entirety

First and Middle Name:		Last Name:		
Your Name for Web Site Referral Listing:				
Mailing Address:				
City:		State/Province:		
Zip/Postal Code:		Country:		
Phone Number:		☐ Cell	☐ Work	☐ Home
Email Address:				
Orig. Cert.: (month/year)	Cert. ID No.:	Current Cert. Exp. Date:		

☐ I purchased a six (6) month extension for this recertification period (copy of receipt enclosed; check #_____or Order Confirmation #_____)

☐ I wish to receive referrals and remain on the DONA International web site referral listing and will update my information myself through the Member Login.

☐ I do not want referrals a t this time and will update m y information myself through the Member Login. The following must accompany this Application. Please make note that all are enclosed.

☐ Recertification Application fee

- ☐ Check or Money Order # made payable to DONA International enclosed
- ☐ I paid the Recertification Application fee o n-line, Order Confirmation # _____(copy of receipt enclosed)

☐ This signed Application/Affidavit for Birth Doula Recertification

☐ All Alternative Continuing Education forms and supporting documentation, as required

☐ Mail to: DONA International 35 E. Wacker Drive, Suite 850 Chicago, IL 60601-2106

Please read and attest to the following statements:

☐ I have completed at least fifteen (15) contact hours of continuing education approved by a recognized organization in a birth and/or parenting related field OR the equivalent of fifteen (15) contact hours of alternative continuing education OR a combination thereof during my current three (3) year certification period.

☐ I have completed the chart on page 2 of this Application with detailed information.

☐ I have maintained continuous membership in DONA International during my current three (3) year certification period. Membership expiration date:_____.

☐ I am keeping for my records a copy of all the documents mailed to DONA International with this Application.

☐ I agree to retain all associated documents not submitted with this Application and to provide these documents to DONA International within thirty (30) days of an audit request from the DONA Certification Committee.

☐ I have once again read and agree to abide by the current DONA International Standards of Practice and Code of Ethics for birth doulas.

With my signature, I verify that the above information is true and complete.

_____

Signature of recertifying birth doula Date

Office use only: Date rec'd: File No.: Membership Expiration:

APPLICATION/AFFIDAVIT FOR BIRTH DOULA RECERTIFICAT ION
Page 2 – Chart of Contact Hours Earned

Please print legibly and complete the form in its entirety. Permission is granted to copy this form, as necessary.

Recertifying Doula's Name: _____

Date(s)	Title or brief description of continuing education approved by a recognized organization in a birth and/or early parenting related field	Approving organization	Number of contact hours earned
	Total number of contact hours earned		

DONA Form A or B	Date(s)	Title / Brief Description of Alternative Continuing Education Option	Number of Alternative Contact Hours Earned
Total number of alternative contact hours earned			
TOTAL OF ALL CONTACT HOURS EARNED:			

FORM A
VERIFICATION OF ALTERNATIVE CONTACT HOURS FOR
BIRTH DOULA RECERTIFICATION

Please print legibly and complete the form in its entirety. Use a separate form for each option. No more than the maximum number of earned alternative contact hours allowed per option. Permission is granted to copy this form as often as necessary.

Use this Form A to verify contact hours earned through the alternative contact hour options listed below and outlined in further detail in the document, Alternatives to Continuing Education for Recertification:

☐ A-1 Give a presentation about doulas/labor support to a hospital, birth center, parents' group or doula group

☐ A-2 Conduct an independent study of a book or article packet (consisting of five (5) research-based articles) from medical and/or nursing journals pertaining to the childbearing year or parenting.

☐ A-3 Write, submit and have published a comparative or research article with references and a bibliography published as a feature story in the *International Doula* or other recognized childbearing publications.

☐ A-4 Listen to a DONA International annual conference recording purchased from DONA International or the recording contractor. Only general sessions (not concurrent sessions) recorded during your current three (3) year certification period qualify.

☐ A-5 Observe an educational film or documentary related to the childbearing year or one specifically designed for birth or postpartum doulas produced by an organization on DONA International's approved list or by other recognized organizations in the field of birth or parenting.

☐ A-6 Complete an independent comparative self-study of two (2) books having diverse approaches, philosophies or methods on a topic related to the childbearing year or early parenting.

☐ A-7 Personal experience of adding an infant to your family by birth or adoption (six (6) months old or younger) during your current three (3) year certification period.

☐ A-8 Research and develop curriculum for a continuing education program and have it approved for contact hours by DONA International.

Alternative contact hour option:_____ Date completed: _____

Number of alternative contact hours earned for this option_____ out of a maximum allowable of _____

☐ I confirm that I have attached any and all required documentation in addition to this Form A to support the alternative contact hour option and outlined under Alternatives to Continuing Education for Recertification on pages 5 through 7 of this instructional packet.

_____

Name of recertifying doula Signature Date

FORM B
VERIFICATION OF ALTERNATIVE CONTACT HOURS FOR
BIRTH DOULA RECERTIFICATION

Please print legibly and complete the form in its entirety. Use a separate form for each option. No more than the maximum number of earned alternative contact hours allowed per option. Permission is granted to copy this form as often as necessary.

Use this Form B to verify contact hours earned through the alternative contact hour options listed below and outlined in further detail in the document, Alternatives to Continuing Education for Recertification:

- ☐ B-1 Attend an organized educational event for birth professionals not offering formal contact hours or not sponsored by a recognized organization
- ☐ B-2 Observe a midwife, physician, lactation consultant or doula working with clients for a minimum of four (4) hours
- ☐ B-3 Serve as a preceptor for a doula pursuing certification
- ☐ B-3a Serve as a preceptor for a doula who attended a virtual training but need hands-on practice of common doula techniques
- ☐ B-4 Attend a support group or meeting relating to the childbearing year or parenting
- ☐ B-5 Attend an entire DONA approved birth doula workshop, taught by a trainer other than your original trainer, OR a DONA approved postpartum doula workshop
- ☐ B-6 Lead and facilitate a support group relating to the perinatal period, or a meeting for doulas and other perinatal professionals.

Alternative contact hour option:_____Date completed: _____

Number of alternative contact hours earned for this option_____out of a maximum allowable of _____

Verification to be signed by the instructor or administrator of an organized educational event; the midwife, physician, lactation consultant or doula observed; the precepted doula pursuing certification; the support group meeting leader/facilitator/ moderator; the DONA approved birth or postpartum doula trainer; or a support group or meeting participant. The signators may be contacted for verification.

_____

Name and position/title | Signature | Date

_____

E-mail address | Phone number

☐ I confirm that I have attached any documentation in addition to this Form B required to support the alternative contact hour option and outlined in further detail in the document, Alternatives to Continuing Education for Recertification.

_____

Name of recertifying doula | Signature | Date