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| **I am applying for:** | | | |  | **Advanced Birth Doula Credential** | | | | | | |  | | **Advanced Postpartum Doula Credential** | | |
| **Name:** | |  | | | | | | | | | | | | | | |
| **Address:** | |  | | | | | | | | | | | | | | |
| **City:** | |  | | | | | | | | | **State/Province:** | | | |  | |
| **Country:** | |  | | | | | | | | | **Zip/Postal Code:** | | | |  | |
| **Phone:** | |  | | | | | | | | | **Email:** | |  | | | |
| **Website:** | |  | | | | | | | | | | | | | | |
| **DONA International Membership Expiration Date:** | | | | | | | | | |  | | | | | | |
| **Please complete the following applicable birth or postpartum information:** | | | | | | | | | | | | | | | | |
| **Birth Doula Certification Identification No.:** | | | | | | |  | | | | | | | | | |
| **Original Birth Doula Certification Date (Month/Year):** | | | | | |  | | | **Birth Doula Certification Expiration Date (Month/Year):** | | | | | | |  |
| **Postpartum Doula Certification Identification No.:** | | | | | | | |  | | | | | | | | |
| **Original Postpartum Doula Certification Date (Month/Year):** | | | | | |  | | | **Postpartum Doula Certification Expiration Date (Month/Year):** | | | | | | |  |
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| **Please use the following checklist to ensure that you have included all the application documents:** | | | | | | | | | | | | | | | | |
|  | The completed descriptions of how I meet the eligibility criteria, included on pages 2 and 3 of this form. | | | | | | | | | | | | | | | |
|  | My resume or curriculum vitae, highlighting any additional training, certification and/or licensure in a related field(s) during my tenure as a DONA certified doula | | | | | | | | | | | | | | | |
|  | One (1) letter of reference from a person who has worked with me on my contribution(s) in some capacity or who has first-hand knowledge of such | | | | | | | | | | | | | | | |
|  | Evidence of payment of the $100.00 non-refundable application fee *per application* in the DONA Online Member Center | | | | | | | | | | | | | | | |
|  | I will submit this completed application and all documentation to [certification@DONA.org](mailto:certification@DONA.org) no later than 11:59 p.m. CST on May 31, 2017. I acknowledge that if I fail to submit a complete and legible application, my application may not be accepted. | | | | | | | | | | | | | | | |
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| **My typed signature hereon verifies that the information provided in and with this application is accurate to the best of my knowledge.** | | | | | | | | | | | | | | | | |
| **Signature:** | | |  | | | | | | | | | | | | | |
| **Date:** | | |  | | | | | | | | | | | | | |

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| **Please use the following format to describe how you meet the eligibility criteria. Use additional paper, if necessary, but please keep your answers brief (i.e., bullet points, lists, succinct statements, etc.).** |
| List any book(s), journal articles, or industry magazine article(s) online or print (blog posts from your own personal or business website or the personal or business blog of a colleague do not meet this criteria) on the topic of doulas, birth, breastfeeding, parenting or postpartum issues that you authored during your tenure as a DONA certified doula. Include the title, name of the publication, publisher (if any) and date of publication. Include a web address if available. |
| List any presentation(s) of an educational session(s) on the topic of doulas, birth, breastfeeding, parenting or postpartum issues at a national or international conference(s) (not a local event) during your tenure as a DONA certified doula. Include the title and objectives of the session, the name(s) of any co-presenter(s), and the name of the organization, title of the conference, conference date(s) and conference location.  List any outstanding achievement(s) you have been awarded and describe why you feel they meet this criterion. Volunteer work or awards should not be included here. Outstanding professional achievements show your desire to excel in your field and take personal initiative to be a leader. |
|  |
| List the major contribution(s) you made locally, regionally, nationally and/or internationally to advance the mission and purpose of DONA International and/or the recognition of doulas and/or made a significant contribution to, or as a leader in, the maternal-child field, other than that which promotes or supports your own personal or business endeavors. Include details that will help the committee understand the extent of your contribution(s), including the date(s) and timeframe, those who were affected by those contribution(s) and how, and the effect your contributions had on the community(ies): |