

## APPLICATION/AFFIDAVIT FOR BIRTH DOULA RECERTIFICATION

*Please print legibly and complete the form in its entirety*

First Name and Middle Name or Initial:		Last Name:	
Name preferred for certificate, if different:			
Mailing Address:			
City:		State/Province:	
Zip/Postal Code:		Country:	
Phone Number:		<input type="checkbox"/> Cell <input type="checkbox"/> Landline	Time Zone:
Email Address:			
Membership #:		Cert. ID#	
Orig. Cert (month/year):		Current Cert. Exp. Date:	

I purchased a six (6) month extension for this recertification period. Order confirmation # \_\_\_\_\_

I know that I can update my referral listing on the DONA Directory via the Member Portal at DONA.org

The following documentation is included in my application packet:

- Recertification Application Processing Fee receipt. Order confirmation # \_\_\_\_\_
- Continuing Education (CE) Contact Hour (CH) Chart
- At least one (1) DONA-approved CH for Diversity, Equity, and Inclusion (DEI)
- Documentation for all CH
- Supporting documentation for all Alternative CE CH (Limit seven (7) CHs, unless using Option A for the first time)

Read and attest to the following statements:

- I have completed the required number of continuing education contact hours or alternative CHs
- I have completed the chart on page 9 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 submitted to DONA International with this Application and agree to retain said documents until I receive notice of successful recertification
- 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.

\_\_\_\_\_ / \_\_\_\_\_  
 (Applicant's Signature) (Date)

Please upload this Application for Doula Recertification using the link provided in your receipt for the Recertification Application Fee, or mail to DONA International, Attn: Certification to the current office address posted on DONA International's website at DONA.org.

For office use only: Date Received: \_\_\_\_\_ File #: \_\_\_\_\_ Membership Exp Date: \_\_\_\_\_

## Application/Affidavit for Birth Doula Recertification Continuing Education Chart

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

Date(s)	Title of course, workshop or event approved for CH by a recognized organization in a perinatal or parenting related field. Must include at least 1 DONA-approved CH on the subject of DEI.	Approval Code	Approving Organization (e.g. DONA International)	# of CHs Earned
<b>Total number of CHs earned</b>				

Date(s)	Type (ex. B.2)	Title or brief description of each continuing education of Alternative CE experience. Attach documentation on a separate sheet.	# of CHs earned
<b>Total number of alternative CHs earned [Limit seven (7), unless using Option A]</b>			
<b>Total number of All CH Earned:</b>			

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

\_\_\_\_\_ / \_\_\_\_\_  
 (Applicant's Name) (Applicant's Signature) (Date)