

APPLICATION/AFFIDAVIT FOR POSTPARTUM 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 postpartum 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 Postpartum 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
Total number of CHs earned				

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
Total number of alternative CHs earned [Limit seven (7), unless using Option A]			
Total number of All CH Earned:			

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

_____ / _____
 (Applicant's Name) (Applicant's Signature) (Date)