

**Minnesota Department of Health
Health Occupations Program
P.O. Box 64882
St. Paul, MN 55164-0882**

DOULA VERIFICATION OF CREDENTIAL

INSTRUCTIONS: Use this form to obtain verification of your credential as a Certified Doula. We prefer this form be completed; however, if the certifying organization sends a letter, it must contain all information requested in this form. If you have any questions, please call (651) 201-3731. This verification must come to MDH directly from one of the following certifying organizations:

International Childbirth Education Association
Doulas of North America (DONA)
Association of Labor Assistants and Childbirth Educators (ALACE)
Birthworks International
Childbirth and Postpartum Professional Association (CAPPA)
Childbirth International
International Center for Traditional Childbearing

PART I. To be completed by Applicant

Applicant, please complete this page only and send the entire form along with the enclosed self-addressed postage paid envelope to your certifying organization.

Name of Certifying Organization:

If you are certified by more than one certifying organization, use a separate form for each organization

Title of Certification/Credential:

Applicant Name: _____
Last First Middle

Address: _____
Mailing Address City State Zip Code

I HEREBY AUTHORIZE the Commissioner of the Minnesota Department of Health or the Commissioner's designee to obtain verification of my Doula Certification from the above named Certifying Organization.

Signature of Applicant

Date

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PART II. To be completed by Certifying Organization

The individual listed on page one has applied for listing on the Minnesota Department of Health Doula Registry. **The applicant must have certification from your organization to be listed on the state Doula Registry.** If you do not use this form for verification of certification, please be sure that the document you use contains all the information requested below.

Name of Certifying Organization:

Is the individual identified on page one certified by your organization to provide doula services?

Yes

No

Title of Certification/Credential:

Date most recently certified _____

Expiration date of certification _____

I certify that the information contained in this verification of doula certification is accurate. Mail to the address shown at the top of the page or use the self-addressed postage paid envelope if enclosed.

Signature

Date

Title

(_____)_____
Telephone