

Doula Registry

APPLICATION

MINNESOTA GOVERNMENT DATA PRACTICES NOTICE: This notice is given pursuant to Minnesota Statutes, 13.01, subdivision 3. The data you provide on this application is considered public data under the Minnesota Government Data Practices Act. You are not legally obligated to complete this application; however, if you do not complete the application, you cannot be listed on the Doula Registry. The information you provide will be subject to verification and a criminal background check as described below.

Applicant Information

Last Name	First Name	Middle
-----------	------------	--------

Have you used another legal name which records may be filed concerning your application? Yes No
If yes, list all names you have been known under: _____

Home Address	City	State	ZIP
--------------	------	-------	-----

Date of Birth (MM/DD/YYYY)

Name of Certifying Organization

Date Certification Issued	Date Certification Expires
---------------------------	----------------------------

Please indicate the contact information you want on the registry website by providing information. Indicate N/A for any item you do not want to appear on the registry.

Address	City	State	ZIP
---------	------	-------	-----

Home Phone	Business Phone
------------	----------------

Cell Phone	Email Address
------------	---------------

Identify all counties that you practice in

Application Affirmation

The information I have provided in this application is true and accurate to the best of my knowledge and belief.

Signature	Date
-----------	------