

OHA Approved Form for Birth Doula State Registry Certification

This form is required to send in with your THW application when applying for state certification as a THW Birth Doula. Make sure to send all of the items listed below and sign the verification statements below.

Doula's Name _____ Phone _____ Email _____

A clear copy of a government-issued identification

Certificates of Attendance for the following educational requirements:

At least 28 contact hours of in person education that includes any combination of childbirth education and birth doula training.

At least 6 contact hours of cultural competency.

At least 6 contact hours total in one or more of the following topics as they relate to doula care:

(1) Inter-professional Collaboration

(2) Health Insurance Portability and Accountability Act (HIPAA) compliance

(3) Trauma-informed care

An Authority approved Oral Health Training (Beginning October 2017)

Current CPR certification for children and adults

Verification of Attendance at Births and Postpartum Visits

"I, _____ (name of doula) hereby attest that I have completed attendance at three births in the capacity of birth doula. These births occurred after my doula training date. I understand that falsifying this information will result in immediate revoking of my state certification and I may be ineligible to apply to be on the registry in the future. I understand I may be audited regarding proof of attendance at these births and must supply requested documentation."

"I, _____ (name of doula) hereby attest that I have completed attendance at three postpartum visits with clients I provided labor support for in the capacity of birth doula. These postpartum visits occurred after my doula training date. I understand that falsifying this information will result in immediate revoking of my state certification and I may be ineligible to apply to be on the registry in the future. I understand I may be audited regarding proof of attendance at these births and must supply requested documentation"

Signature _____ Date _____

Verification of Completed Community Resource List

"I, _____ (name of doula) hereby attest that I have developed a Community Resource List for the counties/geographical area I serve. I understand that falsifying this information will result in immediate revoking of my state certification and I may be ineligible to apply to be on the registry in the future. I understand I may be audited regarding proof of completing a Community Resource List and must supply requested documentation.

Signature _____ Date _____