



# Doula Certification Program

## APPLICATION SUPPLEMENT: EXPERIENCE PATHWAY

### CLIENT RECOMMENDATION FORM

Commonwealth of Massachusetts | Department of Public Health | <https://www.mass.gov/info-details/doula-initiative>

This form is to be completed and submitted by individuals applying to become DPH Certified Doula through the Experience Pathway. DPH Doula Certification Program may contact the doula applicant for further information. Doula applicants must submit this completed form for three different former clients for whom the applicant provided doula services (either paid or volunteer) within the last five years.

For questions about this form or the DPH Doula Certification Program, contact [DPH-Doulas@mass.gov](mailto:DPH-Doulas@mass.gov).

#### Doula Applicant Information

Name

#### Client Information

Name

#### To be completed by the client:

By signing my name below, I certify that \_\_\_\_\_ (doula applicant name) provided doula services to me on \_\_\_\_\_ date(s) of doula services received by client) during which time they demonstrated the ability to provide emotional, informational, and physical support to individuals and families during the perinatal period, regardless of the outcome of the pregnancy, including basic understanding of the following topics:

1. maternal anatomy and physiology during the perinatal period, including basic fetal growth and development in each trimester of pregnancy;
2. common medical interventions during pregnancy, childbirth, and the postpartum period;
3. common potential complications associated with pregnancy, childbirth, and the postpartum period, including but not limited to:
  - a. pregnancy and infant loss;
  - b. mental health conditions, including perinatal mood and anxiety disorders (PMADs);
  - c. substance use disorder (SUD); and
  - d. high blood pressure;
4. labor and delivery comfort measures;
5. best practices for supporting clients in advocating for their needs and making informed decisions using a trauma-informed approach; and
6. basic newborn care, including the fundamentals of breastfeeding/chestfeeding.

Signature:

Date

The form can either be signed traditionally and then scanned, or it can be signed electronically using DocuSign or Adobe Sign. For electronic signatures, the signer can upload a picture of their wet signature. The typed text of a signature is not an acceptable form of an electronic signature.

Please submit the completed form along with your enrollment application package through the Department of Public Health's online licensing portal at the link below:

<https://healthprofessionlicensing.mass.gov/login-register>

For general questions, you may contact the Department of Public Health by email at [<DPH-Doulas@mass.gov>](mailto:DPH-Doulas@mass.gov). Please note: This email box is only for general questions. It is not secure. Please do not send documents containing personal health information (PHI) to this email.