



Doula Certification Program

APPLICATION SUPPLEMENT: EXPERIENCE PATHWAY HEALTH CARE PROVIDER 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 two different licensed health care providers, including but not limited to physicians, midwives, nurses, or social workers who, in a professional capacity, observed the applicant providing doula services within the last five years. Other doulas are not permitted to complete this attestation form on behalf of the applicant doula. For questions about this form or the DPH Doula Certification Program, contact DPH-Doulas@mass.gov.

Doula Applicant Information

Name

Health Care Provider Information

Name

NPI #

Professional Role

License #

State

To be completed by the health care provider:

By signing my name below, I certify that I observed _____ (doula applicant name) providing doula services to a client on _____ (date(s) of doula services received by client) at which time I was a licensed health care provider and observed that the applicant 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: These email boxes are only for general questions. They are not secure. Please do not send documents containing personal health information (PHI) to this email.