

Application for Illinois Medicaid-Certified Doula in the State of Illinois

SIU School of Medicine | Office of Certification Strategies



Personal information

Name: _____
Residence address: _____ City: _____ State: _____ Zip: _____
Phone: _____
Email: _____

Contact preferences

Where to send postal mail (if different than residence): _____
Preferred email: _____
Permission to send emails related to your doula application to your preferred email address? ☐ yes ☐ no
Preferred phone for receiving calls/texts: _____
Permission to call or text you related to your doula application to your preferred phone number? ☐ yes ☐ no

Demographics

Date of Birth (mm/dd/yyyy): _____ Gender: _____
Race/Ethnicity: ☐ Asian ☐ Black or African American ☐ Hispanic or Latino ☐ Middle Eastern of North African ☐ Multiracial or Multiethnic
☐ Native American or Alaska Native ☐ Native Hawaiian or other Pacific Islander ☐ White ☐ Another race or ethnicity
Highest education level completed:
☐ No schooling completed ☐ Kindergarten to 8th grade ☐ Some high school, no diploma ☐ High school graduate, diploma or the equivalent (for example: GED)
☐ Some college credit, no degree ☐ Trade/technical/vocational training ☐ Associate degree ☐ Bachelor's degree ☐ Master's degree ☐ Professional degree
Primary career: _____
How many births per month do you work on average? ☐ ≥4 ☐ 2-3 ☐ <2
What is your work situation as a doula? ☐ Employee ☐ Self-Employed
How are you normally compensated? ☐ Salary ☐ Hourly ☐ Contract for Services
In which Illinois counties have you worked as a doula? _____
In which Illinois counties do you intend to work as a doula? _____

Verification & details of requirements

Which Pathway are you applying for? ☐ Training Program Pathway ☐ Legacy Pathway

For Training Program Pathway

Approved Certification Training Organization

Name: _____
Address: _____
Phone: _____

For Legacy Pathway

How did you begin as a doula?

☐ Training Program ☐ Self-taught ☐ Monitored by another doula

Please indicate which common training requirements you've completed. (Required for both Pathways)

☐ HIPAA ☐ CPR/BLS ☐ Cultural Competency/Implicit Bias Training ☐ Trauma Informed Care ☐ Physiology and Anatomy

Please include verification of common training requirements as a .jpg, .pdf, or .doc when submitting all application documents.

If you have not completed one or more of these common trainings, were there challenges?

☐ Cost of Training ☐ Finding a Training ☐ Fitting into Schedule ☐ Other _____

Submission information, assurance & release details on back

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What to submit:

Applicants submit these items to the Office of Certification Strategies for your chosen Pathway:

Training Program Pathway

- Application for Illinois Medicaid-Certified Doula
- Proof of completion of Common Required Trainings
- Doula Training Verification Form
- 3 experiences required within the past year with at least 1 reported via the Experience Verification Form

Legacy Pathway

- Application for Illinois Medicaid-Certified Doula
- Proof of completion of Common Required Trainings
- 5 experiences within the past 3 years with at least 3 reported via the Experience Verification Form

References submit these items to the Office of Certification Strategies:

- Doula Experience Verification & Recommendation Form
- Training Verification Form (Required for Training Program Pathway. Optional for Legacy Pathway)

How to submit

Option #1:

Email all required items for submission to: doulacertification@siumed.edu

Option #2:

Mail hard copies of all required items for submission to the following:

SIU School of Medicine

Office of Certification Strategies

319 E Madison, Suite 4M | PO Box 19673 | Springfield, IL 62794

Assurance & release

By signing below, I attest to the following:

- ☐ I am committed to the Doula Code of Ethics
- ☐ I assure that the experience verification forms are truthful/honest.
- ☐ I have reviewed and understand the Doula Certification Guide

National Provider Identification Number (NPI):

Signature

Date

Experience Self-Reporting Form

SIU School of Medicine | Office of Certification Strategies



Name of applicant: _____

Signature _____ Date _____

Client's last name: _____

Client's email: _____

Client's phone #: _____

Date and City of delivery: _____

Name of hospital: _____

(Circle all that apply) I worked with client on: prenatal | birth | postpartum

Client's last name: _____

Client's email: _____

Client's phone #: _____

Date and City of delivery: _____

Name of hospital: _____

(Circle all that apply) I worked with client on: prenatal | birth | postpartum

Client's last name: _____

Client's email: _____

Client's phone #: _____

Date and City of delivery: _____

Name of hospital: _____

(Circle all that apply) I worked with client on: prenatal | birth | postpartum

Client's last name: _____

Client's email: _____

Client's phone #: _____

Date and City of delivery: _____

Name of hospital: _____

(Circle all that apply) I worked with client on: prenatal | birth | postpartum

Client's last name: _____

Client's email: _____

Client's phone #: _____

Date and City of delivery: _____

Name of hospital: _____

(Circle all that apply) I worked with client on: prenatal | birth | postpartum