

# Doula Experience Verification and Recommendation Form

SIU School of Medicine | Office of Certification Strategies



## Applicant Personal Information

Name of Doula: \_\_\_\_\_

Email: \_\_\_\_\_

## References Complete Section I or II

### SECTION I: Client receiving Doula services

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature : \_\_\_\_\_

### SECTION II: Health Care Provider

Health Care Provider Organization

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

	Prenatal Worked with me before the birth.	Birth Attendance Worked with me during the birth.			Postpartum Worked with me after the birth.		
Did the Doula work with you? (circle Yes or No)	Yes No	Yes No			Yes No		
Please rate the Doula on the following: 1 = Strongly Disagree 2 = Disagree 3 = Neither Agree nor Disagree 4 = Agree 5 = Strongly Agree	(Did not observe)						
	• Professionalism	①	②	③	④	⑤	⑥
	• Ability to comfort & support	①	②	③	④	⑤	⑥
	• Provided education on what to expect	①	②	③	④	⑤	⑥
	• Incorporated birth plan into counseling and support	①	②	③	④	⑤	⑥

### Please Select One:

☐ I recommend this person for doula certification.

☐ I would not recommend this person for doula certification.

If no, please explain why you would not recommend this person, including how they did not meet your expectations.

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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 Pathway. Optional for Legacy Pathway)

## How to submit

### Option #1:

Email all required items for submission to: [doulacertification@siumed.edu](mailto: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 found in the Illinois Medicaid-Certified Doula Guide
- ☐ 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