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Governor

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New Mexico Department of Health

NMDOH DOULA CERTIFICATION APPLICATION

APPLICATION CHECKLIST

Eligibility requirements for all applicants:

	Be at least 18 years old at the time the application is submitted.
	Driver's License or state-issued identification card (issued within the 50 United States or the District of Columbia) of the provider, or person signing the application who has the authority to legally bind the applicant or provider.
	Maintain a current adult and infant cardiopulmonary resuscitation (CPR) certification from the American Red Cross or American Heart Association.
	Complete HIPAA Training named " <i>HIPAA Awareness - Module 1 (1047429)</i> " located at www.train.org/nm/welcome or its equivalent.

PATHWAY 1 – Certified Doula Training Pathway

To certify through this pathway the doula must have trained and been certified in one of the doula trainings listed below:

- BeboMia
- Birthing Project USA
- CAPP Doula Training
- Commonsense Childbirth Institute
- Doulas of North America (DONA) Doula Training
- Doula Trainings International
- HealthConnect One (or a HealthConnect One replication site)
- International Childbirth Education Association (ICEA)
- International Center for Traditional Childbirth (ICTC)/Shafia Monroe Consulting
- Our Earth Full Spectrum Birth & Postpartum Attendant Program
- ProDoula
- Raeanne Madison Indigenous Full Spectrum Doula Training/ Postpartum Doula Training
- Taos Home Birth & Midwifery - Certified Birth Doula & Labor Support Program
- The Black Doula Inc., dba Birthing Advocacy Doula Trainings
- Tewa Women United - Yiya Vi Kagingdi Full Spectrum Doula Training
- Zaagi'idiwin Full Spectrum Indigenous Doula Training

PUBLIC HEALTH DIVISION | NEW MEXICO DEPARTMENT OF HEALTH

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➤ **Pathway 2 - Core Competencies Pathway** – If the doula did not complete one of the identified Doula Trainings listed in Pathway 1, they can provide a Certificate of Completion for a doula training with a minimum of 15 total hours of training which demonstrates confirmation of completed core competencies through culturally specific training or education.

➤ The identified core competencies include the following:

- Cultural Knowledge/Learnings in perinatal care.
- Foundations on anatomy and physiology of pregnancy and childbirth and postpartum.
- Nonmedical comfort measures, support, and labor support techniques.
- Lactation Support.
- Developing a community resource list.

If the Certificate of Completion does not detail the total number of hours completed and topics covered or if the doula applicant does not have a Certificate of Completion, the doula applicant is required to provide a copy of a syllabus from the completed course(s) and complete the applicable attestation provided within the e-Form application attesting that they have satisfactorily completed course(s) covering the required topics above with the name of the organization providing the training course, the total number of hours completed and the date the course was completed.

➤ In addition, the doula applicant must also provide an attestation that they have provided support to three clients in the capacity of a doula in either paid or voluntary capacity within two years of the date of this application.

Pathway 3 - Experience Pathway – Doula Applicants who have experience providing doula services in either a cultural, professional, or volunteer capacity but have not gone through an approved provider training program listed in Pathway 1, or completed a training with the identified core competencies listed in Pathway 2, can certify by providing the following:

Three Letters of Doula Recommendations that attest that they have provided services in the capacity of a doula in either a paid or volunteer for at least **two** years before the date of this application..

- Two written recommendations using the testimonial templates provided by NMDOH, must be from the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, a community-based organization, or community Elder.
- One letter must be from a former Doula client.

➤ In addition, the doula applicant must also provide an attestation that they have provided support for three clients in the capacity of a doula in either paid or voluntary capacity within two years of the date of this application.

CERTIFIED DOULA APPLICATION

Please print legibly.

Personal Information

Full Legal Name:			
Physical Address:	City	State	Zip Code
Mailing Address: (if different than physical address)	City	State	Zip Code
Phone:	Email:		
Birth Date:			
Race			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American		
<input type="checkbox"/> Asian	<input type="checkbox"/> Middle Eastern or North African		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> American Indian or Alaska Native		
<input type="checkbox"/> Other			
Ethnicity			
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino		

Attestation of Completion of HIPAA training (required by all applicants)

I attest that I completed the approved HIPAA training (or its equivalent) within two years prior to the date of this application.

Date of Training: _____

Verification & details of requirements

Which Pathway are you applying for? Please check one.	<input type="checkbox"/>	PATHWAY 1 – Certified Doula Training Pathway
	<input type="checkbox"/>	PATHWAY 2 – Core Competency Pathway
	<input type="checkbox"/>	PATHWAY 3 – Experience Pathway

Please only complete and sign the Pathway section you have chosen below.

PATHWAY 1 – Certified Doula Training Pathway (fill out only if certifying through this path)

Name of Approved Training Organization:

Training Site Address:

Training Site Phone Number:

Training Dates:

Certification Date:

What to Submit with your Application: Applicants submit the following items for certification for **Pathway 1:**

- Application for New Mexico Medicaid-Certified Doula
- Proof of completion of Common Required Trainings
- Doula Training Certification Certificate
- All items on application checklist

Your signature makes this application valid. This application cannot be processed unless signed. Your signature also is an indication of the following: What I have said and written to the Department of Health (DOH) is true and complete. If I give incorrect information, I can be charged with a crime. If I hide or leave out facts, I can be charged with a crime. If DOH learns that I have given untrue or incomplete information, my certification may be denied or revoked.

Signature:

Date:

PATHWAY 2 – Core Competency Pathway (fill out only if certifying through this path)

Name of Training Organization:

Training Site Address:

Training Site Phone Number:

Training Dates:

Number of training hours completed:

Please check all competencies included in your training program:

- Cultural Knowledge/Learnings in perinatal care
- Foundations on anatomy and physiology of pregnancy and childbirth and postpartum.
- Lactation Support
- Developing a community resource list
- Providing Doula Services to three Clients

Please list information about three doula clients you have served:

1. Client Name: _____ Date of Birth/Service: _____
Type of Service Provided: _____
2. Client Name: _____ Date of Birth/Service: _____
Type of Service Provided: _____
3. Client Name: _____ Date of Birth/Service: _____
Type of Service Provided: _____

Note: Types of service provided may include: Labor/Birth Services, Miscarriage or Loss Services, or Pregnancy Termination Services

Doula’s who are not comfortable providing their clients name or health information may state, “available upon request.”

What to Submit with your Application: Applicants should submit the following items for certification for Pathway 2:

- Application for New Mexico Medicaid- Certified Doula
- Proof of completion of Doula Trainings
- Doula Training Certification Form
- All items on application checklist

Your signature makes this application valid. This application cannot be processed unless signed. Your signature also is an indication of the following: What I have said and written to the Department of Health (DOH) is true and complete. If I give incorrect information, I can be charged with a crime. If I hide or leave out facts, I can be charged with a crime. If DOH learns that I have given untrue or incomplete information, my certification may be denied or revoked.

Signature:	Date
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PATHWAY 3 – Experience Pathway (fill out only if certifying through this path)

How did you begin as a doula?
 Training Program (name) _____ Self-taught Monitored by another doula

Letters of Recommendation – See Doula Testimonial Letter Template

Letter #1 Name	Date:	Title:
Letter #2 Name	Date:	Title:
Letter #3 Name	Date:	Title:

Doula Experience

How many total years of doula experience do you have: _____
 I attest that I have provided services in the capacity of a doula in either a paid or volunteer capacity for at least two years from the date that this application is being submitted.

Please list information about three doula clients you have served:

- Client Name: _____ Date of Birth/Service: _____
Type of Service Provided: _____
- Client Name: _____ Date of Birth/Service: _____
Type of Service Provided: _____
- Client Name: _____ Date of Birth/Service: _____
Type of Service Provided: _____

Note: Types of service may include: Labor/Birth Services, Miscarriage or Loss Services, or Pregnancy Termination Services

Doula’s who are not comfortable providing their clients name or health information may state, “available upon request.”

What to Submit with your Application:

Applicants should submit the following items for certification for Pathway 3:

- Application for New Mexico Department of Health - Certified Doula
- 3 Letters of Recommendation.
- All items on the Application Checklist

Your signature makes this application valid. This application cannot be processed unless signed. Your signature also is an indication of the following: What I have said and written to the Department of Health (DOH) is true and complete. If I give incorrect information, I can be charged with a crime. If I hide or leave out facts, I can be charged with a crime. If DOH learns that I have given untrue or incomplete information, my certification may be denied or revoked.

Signature:	Date:
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How To Submit Application:

Option #1: Email all required items for submission to:

- DOH-DoulaAccess@doh.nm.gov

Option #2: Mail hard copies of all required items for submission to the following:

- NM-DOH/Maternal Health Program
2040 S. Pacheco
Santa Fe, NM 87505