NMDOH DOULA CREDENTIALING 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, the District of Columbia or its territories) 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 "*HIPAA Awareness - Module 1 (1047429)*" located at www.train.org/nm/welcome or its equivalent and attest to adherence to HIPAA requirements.

PATHWAY 1 – Training Pathway

This pathway is for applicants who have successfully completed a Doula training program approved by the department or determined by the department to be substantially equivalent to an approved program based on curriculum content that is in scope, duration, methodology, and demonstrated competency outcomes comparable to those of a department-approved training program. The approved training shall be listed at https://www.nmhealth.org/about/phd/fhb/mch/doula/, and include:

- ☐ BeboMia
- ☐ Birthing Project USA
- ☐ CAPPA 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)
- ☐ SMC Full Circle Doula Birth Companion Training LLC
- ☐ Our Earth Full Spectrum Birth & Postpartum Attendant Program
- ☐ Raeanne Madison Indigenous Full Spectrum Doula Training/ Postpartum Doula Training
- ☐ 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

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 application attesting that they have satisfactorily completed course(s) covering the required topics below 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, which shall include the three dates of Doula service and a description of the type of Doula service provided.

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 training with the identified core competencies listed in Pathway 2, can credential 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.

- 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, which should include the three dates of Doula service and a description of the type of Doula service provided.

NMDOH CREDENTIALED DOULA APPLICATION

Personal Information (Please Print Legibly)

Full Legal Name (*first, last name*):			
Physical Address:	**City**	**State**	**Zip Code**
Mailing Address: (if different than physical address)	**City**	**State**	**Zip Code**
Phone:	**Email:**		
Birth Date:			

Race	
☐ **White**	☐ **Black or African American**
☐ **Asian**	☐ **Middle Eastern or North African**
☐ **Native Hawaiian or Other Pacific Islander**	☐ **American Indian or Alaska Native**
☐ **Other**	

Ethnicity	
☐ **Hispanic or Latino**	☐ **Not Hispanic or Latino**

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

☐ I attest that I completed the approved HIPAA training (or its equivalent) withing two years prior to the date of this application. Date of Training: _____

☐ I attest that I will adhere to all HIPAA requirements.

Verification & details of requirements

Which Pathway are you applying for? *Please check one*	☐	**PATHWAY 1 – Training Pathway**
	☐	**PATHWAY 2 – Core Competency Pathway**
	☐	**PATHWAY 3 – Experience Pathway**

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

PATHWAY 1 – Training Pathway (fill out only if credentialing 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 must submit the following items for certification for **Pathway 1** • New Mexico Department of Health Credentialed Doula Application • Doula Training Certificate of Certification • 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 stated, written and submitted to the New Mexico Department of Health (NMDOH) is true and complete. I know that making false, fictitious or fraudulent statements, hiding or leaving out facts on this application can be charged with a crime. If NMDOH learns that I have given false, fictitious and/or incomplete information my certification may be denied or revoked.	
Signature:	**Date:**

PATHWAY 2 – Core Competency Pathway (fill out only if credentialing 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. Date of Birth/Service: _____ Type of Service Provided: _____
2. Date of Birth/Service: _____ Type of Service Provided: _____
3. 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

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

- New Mexico Department of Health Credentialed Doula Application
- Proof of Completion of Doula Training
- Attestation of provision of service to three Doula clients
- 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 stated, written and submitted to the New Mexico Department of Health (NMDOH) is true and complete. I know that making false, fictitious or fraudulent statements, hiding or leaving out facts on this application can be charged with a crime. If NMDOH learns that I have given false, fictitious and/or incomplete information my certification may be denied or revoked.

Signature:	**Date:**

PATHWAY 3 – Experience Pathway (fill out only if credentialing through this path)

Where did you gain your experience as a doula?

☐ Training Program (name)_____ ☐ Self-taught ☐ Mentored 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:

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

What to Submit with your Application:

Applicants must submit the following items for certification for **Pathway 3**

- New Mexico Department of Health Credentialed Doula Application
- 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 stated, written and submitted to the New Mexico Department of Health (NMDOH) is true and complete. I know that making false, fictitious or fraudulent statements, hiding or leaving out facts on this application can be charged with a crime. If NMDOH learns that I have given false, fictitious and/or incomplete information my certification may be denied or revoked.

Signature:	**Date:**

How To Submit Application:

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

- DOH-MaternalHealth@doh.nm.gov

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

- NMDOH Maternal Health Program
  2040 S. Pacheco St.
  Santa Fe, NM 87505