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Governor

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DOULA CERTIFICATION INITIAL 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.
	Federal Employer Identification Number (FEIN) verification by submitting a current Internal Revenue Service (IRS) generated document. Acceptable documents include an IRS-generated Letter 147-C, IRS-generated Form 941 (Employer’s Quarterly Federal Tax Return), IRS-generated Form 8109-C (Deposit Coupon), or IRS-generated Form SS-4 (only the official Confirmation Notification of FEIN assignment). Note: The legal name of the applicant or provider on the application must match the name on the IRS document. For further information, please visit the <a href="#">IRS</a> or call them at (800) 829-4933.
	<b>Local Business License, Tax Certificate, and Permit</b> for any city and/or county where business activities are conducted. Note: The name and business address of the applicant or provider on the application must match the business name and business address on all local licenses and permits.
	<b>Completed W-9 form</b>
	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 <a href="http://www.train.org/nm/welcome">www.train.org/nm/welcome</a> or its equivalent.
	Background checks will be required and conducted by DOH effective 07/01/2025, at initial and renewal of certification.

**PATHWAY 1 – Training**

Certified Doula Pathway - Complete one of the certified doula trainings listed below:

- |   |  |
|---|--|
| ➤ BeboMia   | ➤ International Center for Traditional Childbirth (ICTC)/Shafia Monroe Consulting    |
| ➤ Birthing Project USA  | ➤ Our Earth Full Spectrum Birth & Postpartum Attendant Program                       |
| ➤ CAPPa Doula Training  | ➤ ProDoula   |
| ➤ Commonsense Childbirth Institute                            | ➤ Raeanne Madison Indigenous Full Spectrum Doula Training/ Postpartum Doula Training |
| ➤ Doulas of North America (DONA) Doula Training               | ➤ Taos Home Birth & Midwifery - Certified Birth Doula & Labor Support Program        |
| ➤ Doula Trainings International                               | ➤ The Black Doula Inc., dba Birthing Advocacy Doula Trainings                        |
| ➤ HealthConnect One (or a HealthConnect One replication site) | ➤ Tewa Women United - Yiya Vi Kagingdi Full Spectrum Doula Training                  |
| ➤ International Childbirth Education Association (ICEA)       | ➤ 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 to providing the Certificate of Completion or attestation that 15 total hours of training have been completed by the doula applicant, the doula applicant must also provide an attestation that they have provided support at three births in the capacity of a doula in either paid or voluntary capacity.

**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 written testimonial letters or professional letters of recommendation using the testimonial templates provided by NMDOH of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, former client, a community-based organization, or community Elder. Letters must be written within the last seven years. One letter must be from either a licensed provider or certified doula.
- Attestation that they have provided services in the capacity of a doula in either a paid or volunteer capacity for at least two years. The two years of experience in the capacity as a doula must have occurred within the last five years from the date the application is submitted.

# 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

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

### Sexual Orientation

Straight or Heterosexual

Lesbian Gay or Homosexual

Bisexual

Other

Chose not to disclose

What sex were you assigned at birth on your original birth certificate?

Male

Female

Chose not to disclose

What is your current gender identity?

Male

Female

Non-bianry

Transgender

Other

Perfer not to say

## Attestation of Completion of HIPAA training (required by 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: \_\_\_\_\_

## Verification & details of requirements

Which Pathway are you applying for?

Please check one.

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

**Name of Approved Training Organization:**

**Address:**

**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 Form
- Attestation form for HIPPA training
- CPR Training Certificate
- Local Business License, Tax Certificate, and Permit
- Completed W9 form

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:**

**Address:**

**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

Date of Birth/Service: \_\_\_\_\_

Date of Birth/Service: \_\_\_\_\_

Date of Birth/Service: \_\_\_\_\_

**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
- Attestation form for HIPPA training
- CPR Training Certificate
- Local Business License, Tax Certificate, and Permit
- Completed W9 form

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**Signature:**

**Date**

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

How did you begin as a doula?

- Training Program     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:

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, and that the two years of experience in the capacity of a doula have occurred within the last five years from the date that this application is being submitted.

Date of Birth/Service: \_\_\_\_\_

Date of Birth/Service: \_\_\_\_\_

Date of Birth/Service: \_\_\_\_\_

Years of experience: \_\_\_\_\_

**What to Submit with your Application:** Applicants submit the following items for certification for Pathway 3:

- Application for New Mexico Medicaid- Certified Doula
- 3 Letters of Recommendation.
- Attestation form for HIPPA training
- CPR Training Certificate
- Local Business License, Tax Certificate, and Permit
- Completed W9 form

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<b>Signature:</b>	<b>Date:</b>
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**How To Submit Application:**

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

- [DOH-DoulaAccess@doh.nm.gov](mailto: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