NMDOH Credentialed Doula Application
Pathway 3 Letter of Recommendation

Please Note: Language may only be modified in the blank fields as applicable. The testimonial letter must not contain protected health or confidential information.

Doula Applicant's Name: _____

1) Please share with us what your role is:

☐ Licensed Provider (physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife)

☐ Former Doula Client ☐ NMDOH Credentialed Doula ☐ Community Elder

☐ Community Based Organization (Name of Org.) _____

2) How long have you known the applicant: _____

3) Please tell us about your experience with this applicant:

_____

_____

_____

4) What type(s) of Doula care does this applicant provide (check all that apply):

- ☐ Prenatal
- ☐ Labor
- ☐ Postpartum
- ☐ Pregnancy & Loss
- ☐ Pregnancy Termination

5) How many times have you directly observed this applicant in their Doula role? _____

6) What skills have you seen this applicant perform (check all that apply):

- ☐ Provide physical comfort support to their Doula client.
- ☐ Provide emotional support to their Doula client.
- ☐ Maintain confidentiality of their clients' protected health information.
- ☐ Provide lactation care.
- ☐ Serve as an advocate for respectful perinatal care.
- ☐ Provide care coordination and social service navigation.
- ☐ Provide reproductive rights, informed choice and decision-making education.
- ☐ Interact and navigate relationships in a professional manner.

7) Why are you recommending this applicant for NMDOH Credentialing?

_____
_____
_____
_____

ATTESTATION

I, _____, (name of authorized representative), declare that the following is true and correct:

PLEASE INTIAL

_____ I attest that within the last two years_____, (applicant's name) has demonstrated the skills and experience to work as a Doula in either a paid or voluntary capacity.

_____ I attest to the applicant's competency and thereby recommend them for Doula Credentialing through the State of New Mexico Department of Health.

ALL AREAS MUST BE FILLED OUT

Name: _____ Title: _____

Mailing Address: _____

Telephone Number: _____ Email: _____

Signature: _____ Date: _____