

Doula Letters of Recommendation Form

Bureau of Licensing for Professions & Occupations
 150 North 18th Avenue, Suite 410
 Phoenix, Arizona 85007

Per A.R.S. § 36-766.03(B)(2) An individual who does not qualify for state certification under this article but who has been practicing as a doula in this state for at least five years before September 29, 2021 may apply to the department for certification if the individual submits three letters of recommendation. Health care professionals who have worked with the applicant within the preceding two years and can attest to the applicant's competency in providing doula services.

APPLICANT INFORMATION

Legal First Name

Legal Last Name(s)

**Letter of
 Recommendation 1**

I, _____ have worked with _____
 (Print Health Care Professional's Name) (Print Applicant's Name)
 within the preceding two years. I attest to the applicant's competency and therefore
 recommend their doula services.

 (Signature of Health Care Professional)

 (Today's Date)

**Letter of
 Recommendation 2**

I, _____ have worked with _____
 (Print Health Care Professional's Name) (Print Applicant's Name)
 within the preceding two years. I attest to the applicant's competency and therefore
 recommend their doula services.

 (Signature of Health Care Professional)

 (Today's Date)

**Letter of
 Recommendation 3**

I, _____ have worked with _____
 (Print Health Care Professional's Name) (Print Applicant's Name)
 within the preceding two years. I attest to the applicant's competency and therefore
 recommend their doula services.

 (Signature of Health Care Professional)

 (Today's Date)