

Per A.R.S. § 36-766.03(A)(2)(b) An applicant for certification under this article shall provide department approved written documentation of attending at least three births while serving as the primary doula support person and receiving a department-approved and acceptable evaluation from the laboring mother and from the medical provider who assisted the laboring mother.

APPLICANT INFORMATION

| | |
|------------------|-----------------|
| Legal First Name | Legal Last Name |
|------------------|-----------------|

| | | | |
|----------------|---|---|---------------|
| BIRTH 1 | I attest that _____ was the primary doula support person for (Print Doula Support Person's Name) | | |
| | _____ Print Laboring Mother's Name | | |
| | To be completed by the Laboring Mother | The primary doula support person's performance was (select one): <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Today's Date: |
| | Printed Name: | Signature: | |
| | To be completed by the Medical Provider | The primary doula support person's performance was (select one): <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Today's Date: |
| | Printed Name: | Signature: | |

| | | | |
|----------------|---|---|---------------|
| BIRTH 2 | I attest that _____ was the primary doula support person for (Print Doula Support Person's Name) | | |
| | _____ Print Laboring Mother's Name | | |
| | To be completed by the Laboring Mother | The primary doula support person's performance was (select one): <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Today's Date: |
| | Printed Name: | Signature: | |
| | To be completed by the Medical Provider | The primary doula support person's performance was (select one): <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Today's Date: |
| | Printed Name: | Signature: | |

| | | | |
|----------------|---|---|---------------|
| BIRTH 3 | I attest that _____ was the primary doula support person for (Print Doula Support Person's Name) | | |
| | _____ Print Laboring Mother's Name | | |
| | To be completed by the Laboring Mother | The primary doula support person's performance was (select one): <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Today's Date: |
| | Printed Name: | Signature: | |
| | To be completed by the Medical Provider | The primary doula support person's performance was (select one): <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable | Today's Date: |
| | Printed Name: | Signature: | |