

GoMidwife exists to see birth workers equipped and released throughout the nations to serve women through the childbearing years. Our focus is to use birth work as a tool to restore dignity, decrease mortality and express perfect love.

## Certified Doula Packet

### Requirements

- Fill out and submit Application, Form D-100
- Complete the GoMidwife Doula Course
- Attend 5 births in the active role as doula.
- Submit 5 Birth Story and Assessments, Form D-200 A-C  
These forms must be filled out for each of the births attended.
- Submit 5 Letters of Reference, Form D-201 A-C from three clients.  
Letters should be submitted in sealed envelopes with mother's (client's) signature over seal
- Submit Self Assessment Form D-201D
- Completion of Reading List, Form D-202
- Document 50 Contact Hours (This can include both labor and postpartum), Form D-203
- Submit Declarations Statement, Form D-204
- Submit \$100 certification and processing fee (Included in MOM course)

**Form D-100 DOULA APPLICATION**

1. Applicant Name:

Attach Current  
Passport  
Photo Here

\_\_\_\_\_

Last Name

First Name

Middle Name

2. Current Mailing Address:

\_\_\_\_\_

Street

City

State

Country

3. Current Contact Information

\_\_\_\_\_

E-Mail

Cell Phone Number

4. Have you ever been accused of or prosecuted for a crime? Yes No

If yes, please explain in detail. If you need additional space include on a separate piece of paper, sign, date and enclose.

5. Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Month Day Year

6. Date and Place of Completion of Doula Certificate Course

\_\_\_\_\_

Date

State

Country

7. Name of Seminar Instructor \_\_\_\_\_  
Last Name First Name

8. Primary Area of Desired Practice \_\_\_\_\_

**GoMidwife reserves the right to audit all applications.**

**Form D-200 A Birth Story**

This form must be filled out for each birth identified for certification.

Client Name: \_\_\_\_\_  
Last First

Client Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Doula Name: \_\_\_\_\_  
Last First

Doula Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Service Provided: (Please Circle) Labor Doula Postpartum Doula

Date of Services: \_\_\_\_\_  
Beginning Date Ending Date

Date of Birth: \_\_\_\_\_

Place of Birth: (Please Circle) Home Birth Center Hospital

Date and Time of Arrival: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Total Hours of Service Provided: \_\_\_\_\_





**Form D-200 A      Birth Story (Continued)**

This form must be filled out for each birth identified for certification.

**Assessment**

What I did that was most effective for client:

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What I did (or did not do) that I would be sure to correct for next time:

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What is my greatest take-away from this birth and how will I be a better doula in the future because of it:

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Global Organization of Midwives

**Form D-200 B Birth Story**

This form must be filled out for each birth identified for certification.

Client Name: \_\_\_\_\_  
Last First

Client Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Doula Name: \_\_\_\_\_  
Last First

Doula Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Service Provided: (Please Circle) Labor Doula Postpartum Doula

Date of Services: \_\_\_\_\_  
Beginning Date Ending Date

Date of Birth: \_\_\_\_\_

Place of Birth: (Please Circle) Home Birth Center Hospital

Date and Time of Arrival: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Total Hours of Service Provided: \_\_\_\_\_







**Form D-200 B Birth Story (Continued)**

This form must be filled out for each birth identified for certification.

**Assessment**

What I did that was most effective for client:

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What I did (or did not do) that I would be sure to correct for next time:

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What is my greatest take-away from this birth and how will I be a better doula in the future because of it:

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Form D-200 C Birth Story

This form must be filled out for each birth identified for certification.

Client Name: \_\_\_\_\_  
Last First

Client Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Doula Name: \_\_\_\_\_  
Last First

Doula Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Service Provided: (Please Circle) Labor Doula Postpartum Doula

Date of Services: \_\_\_\_\_  
Beginning Date Ending Date

Date of Birth: \_\_\_\_\_

Place of Birth: (Please Circle) Home Birth Center Hospital

Date and Time of Arrival: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_

Total Hours of Service Provided: \_\_\_\_\_





**Form D-200 C**

**Birth Story (continued)**

This form must be filled out for each birth identified for certification.

**Assessment**

What I did that was most effective for client:

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What I did (or did not do) that I would be sure to correct for next time:

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What is my greatest take-away from this birth and how will I be a better doula in the future because of it:

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**Form D-201 A Letter of Reference**

This form must be filled out for each birth identified for certification.

Client Name: \_\_\_\_\_

Last

First

Contact Information: \_\_\_\_\_

Cell Phone Number

E-Mail

Doula Name: \_\_\_\_\_

Last

First

Doula Contact Information: \_\_\_\_\_

Cell Phone Number

E-Mail

Service Utilized: (Please Circle) Labor Doula Postpartum Doula

Date of Services: \_\_\_\_\_

Beginning Date

Ending Date

Date of Delivery: \_\_\_\_\_

Place of Delivery: (Please Circle) Home Birth Center Hospital

This was my: (Please Circle) 1<sup>st</sup> pregnancy 2<sup>nd</sup> pregnancy 3<sup>rd</sup> pregnancy 4<sup>th</sup> (or +) pregnancy

The greatest contribution of my doula was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for growth: (Please indicate here what was not effective during her time of service to you. This is to be beneficial for your doula to learn how to better serve clients in the future.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Form D-201 A      Letter of Reference (Continued)**

This form must be filled out for each birth identified for certification.

Did your doula provide: (Please place check next to all appropriate.)

- Interview
- Education
- Resources
- Counseling
- Physical Support
- Emotional Support
- 24 hour availability 2 weeks prior to birth   2 weeks post delivery
- Continuous labor support (if referring as labor doula)
- Continuous postpartum support for 6 weeks post delivery (if referring for postpartum doula)
- Authority and knowledge of labor and birth process
- A feeling of comfort and security while in service to you
- A professional appearance and manner while in service to you
- Other

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**Form D-201 A Letter of Reference (Continued)**

This form must be filled out for each birth identified for certification.

What did your doula not provide that would have been of service to you:

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Would you recommend this doula to your family and friends:

(Please circle) Yes      No

If NO, please indicate why in detail:

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\_\_\_\_\_  
Signature of Mother/Client

\_\_\_\_\_  
Date



Global Organization of Midwives

**Form D-201 B Letter of Reference**

This form must be filled out for each birth identified for certification.

Client Name: \_\_\_\_\_  
Last First

Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Doula Name: \_\_\_\_\_  
Last First

Doula Contact Information: \_\_\_\_\_  
Cell Phone Number E-Mail

Service Utilized: (Please Circle) Labor Doula Postpartum Doula

Date of Services: \_\_\_\_\_  
Beginning Date Ending Date

Date of Delivery: \_\_\_\_\_

Place of Delivery: (Please Circle) Home Birth Center Hospital

This was my: (Please Circle) 1<sup>st</sup> pregnancy 2<sup>nd</sup> pregnancy 3<sup>rd</sup> pregnancy 4<sup>th</sup> (or +) pregnancy

The greatest contribution of my doula was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for growth: (Please indicate here what was not effective during her time of service to you. This is to be beneficial for your doula to learn how to better serve clients in the future.)

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**Form D-201 B Letter of Reference (Continued)**

This form must be filled out for each birth identified for certification.

Did your doula provide: (Please place check next to all appropriate.)

- Interview
- Education
- Resources
- Counseling
- Physical Support
- Emotional Support
- 24 hour availability 2 weeks prior to birth 2 weeks post delivery
- Continuous labor support (if referring as labor doula)
- Continuous postpartum support for 6 weeks post delivery (if referring for postpartum doula)
- Authority and knowledge of labor and birth process
- A feeling of comfort and security while in service to you
- A professional appearance and manner while in service to you
- Other

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**Form D-201 C Letter of Reference**

This form must be filled out for each birth identified for certification.

Client Name: \_\_\_\_\_

Last

First

Contact Information: \_\_\_\_\_

Cell Phone Number

E-Mail

Doula Name: \_\_\_\_\_

Last

First

Doula Contact Information: \_\_\_\_\_

Cell Phone Number

E-Mail

Service Utilized: (Please Circle) Labor Doula Postpartum Doula

Date of Services: \_\_\_\_\_

Beginning Date

Ending Date

Date of Delivery: \_\_\_\_\_

Place of Delivery: (Please Circle) Home Birth Center Hospital

This was my: (Please Circle) 1<sup>st</sup> pregnancy 2<sup>nd</sup> pregnancy 3<sup>rd</sup> pregnancy 4<sup>th</sup> (or +) pregnancy

The greatest contribution of my doula was:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suggestions for growth: (Please indicate here what was not effective during her time of service to you. This is to be beneficial for your doula to learn how to better serve clients in the future.)

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**Form D-201 C Letter of Reference (Continued)**

This form must be filled out for each birth identified for certification.

Did your doula provide: (Please place check next to all appropriate.)

- Interview
- Education
- Resources
- Counseling
- Physical Support
- Emotional Support
- 24 hour availability 2 weeks prior to birth 2 weeks post delivery
- Continuous labor support (if referring as labor doula)
- Continuous postpartum support for 6 weeks post delivery (if referring for postpartum doula)
- Authority and knowledge of labor and birth process
- A feeling of comfort and security while in service to you
- A professional appearance and manner while in service to you
- Other

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**Form D-201 C Letter of Reference (Continued)**

This form must be filled out for each birth identified for certification.

What did your doula not provide that would have been of service to you:

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Would you recommend this doula to your family and friends: (Please circle) Yes      No

If NO, please indicate why in detail:

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\_\_\_\_\_  
Signature of Mother/Client

\_\_\_\_\_  
Date

**Form D-202      Required Reading List**

Initial and date beside each book upon completion. Briefly state your greatest take-away from each book and how you will apply it in your service as a doula.

1. ***The Labor Progress Handbook*** Penny Simpkin and Ruth Ancheta

Initial \_\_\_\_\_ Date \_\_\_\_\_

Take-Away and Application:

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2. ***The Birth Partner*** Penny Simpkin

Initial \_\_\_\_\_ Date \_\_\_\_\_

Take-Away and Application:

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**Form D-202      Reading List(continued)**

**3. *Naturally Healthy Pregnancy* Aviva Romm**

Initial \_\_\_\_\_ Date \_\_\_\_\_

Take-Away and Application:

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**5. *The Ultimate Breastfeeding Book of Answers* Jack Newman**

Initial \_\_\_\_\_ Date \_\_\_\_\_

Take-Away and Application:

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**Form D-204      Statement of Declaration**

I \_\_\_\_\_ declare that I have truthfully and to the best of  
Print Full Name

my knowledge answered all questions completely and honestly. All information included in this application has been verified by me and I understand that any misrepresentation or falsehood can be grounds for a rejection of this application and/or a forfeiture of my certification with the Global Organization of Midwives.

\_\_\_\_\_  
Signature of Mother/Client

\_\_\_\_\_  
Date