



ARKANSAS DEPARTMENT OF HEALTH

CERTIFIED COMMUNITY-BASED DOULA TRAINING ORGANIZATION ATTESTATION FORM

This form serves as an official attestation that the following training program meets the minimum requirements set forth by the Arkansas Department of Health in conjunction with the Doula Alliance of Arkansas for Community-Based Doula certification.

Name of Training Organization: _____

Program Director Name: _____

I affirm that the above organization's doula training program includes a minimum of 16 total hours of didactic instruction, covering all of the following required subject areas:

- Lacion Support—4 hours
- Childbirth Education—4 hours
- Foundations on Anatomy of Pregnancy and Childbirth—4 hours
- Nonmedical Comfort Measures, Prenatal Support, and Labor Support Techniques—4hours
- Development of a Community Resource List
- Attendance of three (3) birth experiences with three (3) unique families (minimum of five (5) hours per family)

By signing below, I attest that the above information is true and accurate and that this training program fulfills the minimum curriculum and experience requirements to be approved for meeting doula certification requirements of the Arkansas Department of Health.

Signature of Trainer/Program Director

Date

Printed Name

Official Title/Position

Email

Phone Number

Street Address

City

State

Zip

Mail form to:

ARKANSAS DEPARTMENT OF HEALTH
WOMEN'S HEALTH SECTION, SLOT 16
ATTN: DOULA CERTIFICATION
4815 W. MARKHAM ST.
LITTLE ROCK, AR 72205