ARKANSAS DEPARTMENT OF HEALTH

COMMUNITY BASED DOULA CERTIFICATION
APPLICANT AFFIDAVIT FORM

By my signature below, I, _____, confirm that all information concerning my identity and work history as a doula and/or completion of a doula training as presented on my application and as attachments with this form is true and correct.

_____ _____

Signature Date (Month/Day/Year)

No form will be accepted or application processed without a notarized signature.

State of _____

County of _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20____.

Notary Seal

_____

Notary Public Signature