



ARKANSAS DEPARTMENT OF HEALTH COMMUNITY-BASED DOULA CERTIFICATION INITIAL APPLICATION PATHWAY A

Last Name		First		Middle		Social Security Number		
						Date		
Street			City			State		
Zip								
Mailing Address, if different								
Home Phone ()		Business Phone ()		Other Phone (cell, pager, etc.) ()				
Email								
Date of Birth		Have you attended school, been certified, or licensed under a different name? ☐ Yes ☐ No						
		If yes, what name(s)						
Did you graduate high school? ☐ Yes ☐ No								
If No, do you have a GED or High School Equivalency? ☐ Yes ☐ No?								
From Where?				Date Obtained:				
Highest Grade Completed		Date Completed		Name of High School		Address		
						State Zip		
College or Vocational Training Name and Address of School			Dates Attended		Total Credit/ Clock Hours		Date of Diploma or Certificate	
			From To					
			From To					
			From To					
Approved Doula Training Programs for Certification								
☐ Allo Doula Academy ☐ Birthing Advocacy Doula Training (BADT) ☐ Childbirth and Postpartum Professional Association (CAPPA) ☐ Carriage House of Birth ☐ Coco Life ☐ Cornerstone Doula Training ☐ DONA ☐ Interbloom Doula Institute ☐ International Doula Institute ☐ Madriella ☐ National Black Doula Association ☐ SMC Full Circle Doula Birth Companion Training, LLC ☐ Ujima Maternity Network								

*In conjunction with the
Doula Alliance of Arkansas,
the Arkansas Department of
Health has determined these
programs meet minimum
standards of total hours of
didactic training and birth
experiences.*

Current Health-Related Other Licenses/Certification Name or Trade or Profession	State	Certification/License Number	Expiration Date

Have you ever had a certification/license revoked in any health-related field? ☐ Yes ☐ No

If yes, specify:

Have you ever been convicted of a crime? ☐ Yes ☐ No

If yes, a detailed statement, a summary of the charges, the final order, any probation or parole documentation, and any other relevant information must be attached and received before your application will be processed.

Please list any other states or territories where you have held a doula certification and indicate whether the certification is current:

(Verification of certification from the state where the certification is held may be requested)

Has your application for any professional certificate, license, registration, etc. been denied by any state licensing/certification board or federal authority?

☐ Yes ☐ No

If yes, specify

I certify that all information given on this application is true and accurate. That in consideration of the issuance to me of a certification to be reimbursed for qualified services in Arkansas, I swear that I shall observe, abide by and uphold the laws of the State of Arkansas governing my practice and that I shall abstain from unethical, deceptive and fraudulent methods of practice and from unprofessional and unethical conduct, and that I shall not associate professionally with nor become a partner or employee of any person who resorts to such practices. I hereby agree that the violation of this oath shall constitute cause sufficient for the revocation of said certification and surrender of the rights and privileges accorded me there under.

Signature of Applicant

Date

**ARKANSAS DEPARTMENT OF HEALTH
COMMUNITY-BASED DOULA CERTIFICATION APPLICATION**

**PROCEDURES FOR APPLYING FOR COMMUNITY-BASED DOULA CERTIFICATION
PATHWAY A**

Type or print the application and check thoroughly before submitting. An incomplete application will delay processing. All items must be on file before your application will be considered. If any of your application documentation requires additional information the review process may take longer. Apply far enough in advance to allow for processing time.

All applicants must submit the following items:

- ☐ 1. Complete application form.
- ☐ 2. Notarized Applicant Affidavit with a copy of one of the following documents that demonstrates the applicant is 18 years of age or older:
 - ☐ A. Birth Certificate
 - ☐ B. U.S. Passport, current or expired
 - ☐ C. U.S. Driver's License or other state-issued identification document
 - ☐ D. Document issued by federal, state or provincial registrar of vital statistics

AND

Documentation of completed training from one of the approved doula training programs as listed on this application in the form of one of the following:

- ☐ A. Verification letter directly from the training program
- ☐ B. Copy of a certificate of completion

ADH may request additional documentation to support applicants' qualification or certifications. It is the responsibility of the applicant to ensure relevant documentation is provided upon request.

- ☐ 3. Check or money order made payable to the Arkansas Department of Health for \$50.

NOTE:

- Applicant's name must be the same on all documents or the applicant must submit proof of name change with application.
- ADH has the option to request verification of completion of training programs, or of other certifications/licensures held.

Mail all forms, attachments, and payments to:

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