



## APPLICATION FOR APPROVED TRAINING PROVIDER STATUS

This application should be filled out by training organizations that are seeking “Approved Training Provider” status by the National Doula Certification Board.

### SUBMISSION INFORMATION:

1. Application must be typed in English and completed with all supporting documents to be considered.
2. Handwritten and incomplete applications will not be accepted.
3. Hard copies will not be accepted. Please email completed application and documents to [info@doulaboard.org](mailto:info@doulaboard.org).
4. The National Doula Certification Board is not required to act upon any application until all materials constituting and application have been submitted. It is the responsibility of the applicant to ensure its accuracy and completeness. The application may be denied, suspended, or revoked if the applicant has provided false or misleading information, documents, or other representations.
5. This form is restricted from editing and only allows fillable text to be added. Please attach appropriate supporting documentation to the application.
6. Please answer each question in its entirety and provide supporting documentation or evidence. Each supporting document should be clearly identified or referenced in the answer.
  - a. Example: ABC Training charges \$25 application fee, Attachment: “Student Handbook” pg 2.
7. For supporting documents and evidence, it is not acceptable to submit all the files in one combined document. Please attach each document or group of documents with appropriate naming conventions.
8. Please refer to the FAQ section for assistance in completing this application.

**THIS APPLICATION IS COPYRIGHTED AND SHOULD NOT BE COPIED OR DISTRIBUTED.**

-SECTION ONE-		
<b>Training Organization Information</b>		
Application Submission Date: <small>Click or tap to enter a date.</small>		
Legal Name of Training Organization or Business Entity:		
DBA Name (if applicable):		
Primary Phone:		
Website:		
Address:		
City, State, Zip, Country:		
Does the organization provide training at any location other than listed above? If yes, please list below:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:		
Address:		
Address:		
Address:		
Contact Person:		
Title:		
Email:		
Alternate Contact Person:		
Title:		
Email:		

All applicants must provide proof of legal entity or part of legal entity.		
Type of Business (select one):		
<input type="checkbox"/> Sole Proprietorship	Individual's Name:	
<input type="checkbox"/> Partnership	Partnership Name:	
<input type="checkbox"/> Corporation	Corporation Name:	
<input type="checkbox"/> Limited Liability Company (LLC)	LLC Name:	
<b>Attachment:</b> (provide statement of Trade Name, a copy of Articles of Incorporation or Certificate of Good Standing from State)		
Year in which the entity was established:		
Please provide an overview summary of the organizational structure of the entity:		
<b>Attachment:</b> (provide Organizational Chart)		
Does the entity report to a board of directors or advisory council? If yes, please describe:		
Does the entity retain all appropriate business insurance, workman's compensation, benefits, legal counsel, etc. -- as required to operate?		
<b>Attachment:</b> (provide supporting documents)		
<b>-SECTION TWO-</b>		
<b>Training Program Overview</b>		
Name of Training Program/Course:		
Duration of Training Program/Course:		
Total Tuition/Fees of Training Program/Course:		
Other associated costs not covered by tuition: (Ex. Scrubs, textbooks)		
Overview of Training Program/Course: (Additional necessary attachments are listed below, please enter a narrative explanation of the program/course here)		
Does the course include a clinical rotation or clinical experience:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overview of Clinical Rotation/Experience and requirements:		
Clinical Rotation/Experience partners and location:		
<b>Attachment:</b> (provide copies of Clinical Rotation Agreements with all partnering organizations/clinical sites)		
Please list required textbooks/course materials:		

Does the course require any pre-requisites:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please describe all pre-requisites:			
Please describe the admissions or enrollment process:			
Program/Course Delivery (select all that apply):	<input type="checkbox"/> Classroom	<input type="checkbox"/> Online <input type="checkbox"/> Synchronous <input type="checkbox"/> Asynchronous	<input type="checkbox"/> Hybrid
Please describe instructor/trainer qualifications and application process and attached related supporting documents:  <b>Attachment:</b> (provide supporting documents)			
Please list any additional training or courses offered by your organization that may provide continuing education towards recertification.			
Please describe the content in those trainings:			

**ADDITIONAL REQUIRED DOCUMENTATION:** To be submitted along with this Application.

Learning objectives	
Scope and Sequence (for each module)	
Assessment examples & passing standards	
Course Content examples (Sample lesson plan)	
Course application process & fees document	
Course materials/books/equipment list	
Scope of Doula Practice utilized for training course	
Curriculum development process & procedures for content updates	
Certificate of Completion	

**FAQS:**

The NDCB sets forth the following core requirements for each Training Provider:

- Training Program must adhere to and be reflective of the NDCB Doula Scope of Practice
- Training Program must include assessments (both performance and written response)
- Training Program must be at least 200hrs in length
- Training program must include clinical experience (non-compensated) through a healthcare facility of at least 75hrs including birth and postpartum experience.
- Training Program must include the following topics:
  - o Prenatal/pregnancy support
  - o Fertility/Infertility
  - o Labor support
  - o Postpartum support
  - o End of life support
  - o Business
  - o Infant Feeding
  - o Maternal Mental Health (basics)
  - o Newborn care
  - o Newborn and Infant development
  - o Diversity and Cultural sensitivity
  - o HIPAA/Confidentiality/Privacy
  - o Universal Precautions/Bloodborne Pathogens
  - o Compassion fatigue and self care
  - o Safety and Situational Awareness

Approved Training Providers will provide updates and changes to their training programs to the NDCB upon implementation and agree to submit any requested documentation regarding their training activities as requested by the NDCB. The National Doula Certification Board retains the right to revoke Approved Training Provider status if verifiable evidence exists that the training organization has failed to provide training that fulfills the requirements herein, without refund of any application fees.

By signing this document, I certify, as a legal representative of the organization listed above, that the above information is accurate and complete.

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Name	Signature	Date

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**APPLICATION FEE: A non-refundable application fee of \$5000.00 is required for review of the application. Should non-conformity or incomplete documentation exist, the NDCB will keep the application open for a period of one year to allow for resolution of the requirements. If the process is not complete within the one-year period of application requirement, the \$5000.00 application fee is non-refundable.**

**APPLICATION FEE OF \$5000 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check  Money Order  VISA  MasterCard  Discover  ACH  
*Checks & Money Orders made payable to National Doula Certification Board*



Credit Card # \_\_\_\_\_

CVV Code: \_\_\_\_\_ Exp: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address

Email Address for receipt:

By signing below, I understand the terms of the application fee and process described above.

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Name	Signature	Date
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