



## Certified Professional Doula (CPD) Application Form

This application is for doulas who have met all prerequisite requirements for CPD certification. All elements of this application must be completed, and the application and payment must be submitted in full in order to be processed by the National Doula Certification Board (NDCB).

### Section 1. Applicant Information

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

Birthdate (MM/DD/YY): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Section 2. Accommodation Requests

NDCB will make every reasonable effort to accommodate candidates' special needs. Candidates must formally request accommodation on this exam application and must include supporting documentation. Documentation must include a specific diagnosis by a qualified physician or psychologist. Supporting documentation may include records, reports, evaluation, or assessment.

Are you requesting accommodations?  Yes  No

### Section 3. Eligibility Requirements

#### Eligibility Pathway

You must meet one of the two following eligibility pathways, and submit supporting documentation. Please indicate below which eligibility pathway you are applying under.

- Pathway 1:** Approved Training Program Pathway: Please submit proof of completed CPD training program.

**OR**

- Pathway 2:** Prior Learning, Individual Learning Pathway: You must meet and support proof of completion of Part 1 and Part 2

**Part 1:** A minimum of combined 200 hours of training (with proof of completion, within the last 4 years) in the following topic areas:

- Prenatal/pregnancy support
- Fertility/Infertility
- Labor support
- Postpartum support
- End of life support
- Business
- Infant Feeding
- Maternal Mental Health (non-clinical)
- Newborn care
- Newborn and Infant development
- Diversity and Cultural sensitivity
- HIPAA
- Personal Safety

How many total hours of training are being submitted? \_\_\_\_\_

**AND**

**Part 2:** Clinical experience requirements: The individual must complete a minimum of 75 hours of hands-on clinical experience in a medical facility with a preceptor.

The preceptor must be a qualified healthcare provider (RN, BSN, CPM, CNM, OBGYN), and the preceptor must agree to the preceptor requirements and hold the responsibility of validating the clinical experience.

The clinical experience must be non-compensated and include:

- 75 hours total contact hours (55 in medical facility, 20 in-home)

- 5 live births
- Postpartum support (in home) 20 hours
- Adherence to medical protocols

#### **Other Documentation requirements**

You must submit the following documentation with your application. Please indicate that all will be submitted by checking the box for each:

- Business registration documents (i.e., articles of incorporation, LLC registration, etc.) or proof of W2 employment as a doula
- Proof of OSHA/Bloodborne Pathogens & Universal Precautions Training
- Proof of current CPR certification
- Proof of current liability insurance

#### **Section 4: Attestation Statement and Protocols**

You must attest to each of the following:

- I understand I am personally responsible for maintaining the confidentiality of the examination content and I agree I will not discuss or document the exam content in any format or participate in any fraudulent test taking practices.
- I understand that I have had the opportunity to request special accommodation for the examination with appropriate documentation of a disability.
- I understand and agree that the National Doula Certification Board reserves the right to use my examination score and certain data from my examination application to prepare summary statistical analyses, some of which may be published, but that my individual data will not be made public.
- I understand that the fee for this exam is non-refundable.
- I understand that if I fail the exam, I am responsible for scheduling a retake exam within 30 days.

My signature below indicates that I agree to each element of the attestation statement above.

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Signature

Date