

## Doula Attestation

If for any reason your organization is not able to attest to the following, please provide a detailed explanation on a separate sheet indicating which item cannot be attested to. Please sign the form attesting to the remaining items.

### **INSTRUCTIONS**

1. Please print clearly, or type in all of the fields below.
2. Please check the box corresponding with how you intend to demonstrate you meet the qualifications.
3. Please send the completed form to the Alliance Credentialing Department via fax at **1.510.747.4176** or email to **distgrpCredentialing@alamedaalliance.org**.

For questions, please call the Alliance Credentialing Department at **1.510.747.6176**.

Check this box if explanation(s) accompany this attestation.

I affirm that I have completed the required minimum training or have the required minimum experience to provide doula services.

### SECTION 1: PATHWAYS TO QUALIFICATION

**Training Pathway**

- Complete a minimum of 16 hours of training in the following areas:
  - Lactation support
  - Childbirth education
  - Foundations on the anatomy of pregnancy and childbirth
  - Nonmedical comfort measures, prenatal support, and labor support techniques
  - Developing a community resource list
- Provide support at a minimum of three (3) births

Name of Program: \_\_\_\_\_

Total Hours Completed: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**Experience Pathway**

- At least five (5) years of active doula experience in either a paid or volunteer capacity within the previous seven (7) years.
- Attestation to skills in prenatal, labor, and postpartum care as demonstrated by the following: Three (3) written client testimonial letters, or professional letters of recommendation from any of the following: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization. Letters must be written within the last seven (7) years. One (1) letter must be from either a licensed provider, a community-based organization, or an enrolled doula. "Enrolled doula" means a doula enrolled either through DHCS or through an MCP.

## SECTION 2: ATTESTATION

I further attest that I:

- Have completed Health Insurance Portability and Accountability Act (HIPAA) training.
- Have no recent history (10 years) of criminal activity, including a history of criminal activities that endanger members and/or their families.
- Have no history or liability of claims.
- Have no history of fraud, waste, and/or abuse.

I hereby affirm that the information submitted to Alameda Alliance for Health and any addenda hereto are true, current, and complete to the best of my knowledge and beliefs and it is furnished in good faith. I understand that material omissions or misrepresentations may result in the denial of my application or termination of the Service Agreement.

Applicant Signature (Stamp is not acceptable): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_