



## APPLICATION FOR RECERTIFICATION

Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

Contact phone: \_\_\_\_\_ Alternate phone: \_\_\_\_\_

Original Date of Certification OR Last Recertification Date: \_\_\_\_\_

The following documents must accompany this application. Use this checklist to ensure that all required documents are enclosed.

- The \$35.00 recertification fee
- The Signed Application
- Continuing Education Verification Form and documentation totaling 15 hours
- Active Membership Status with PALS (\$50.00)
- Personal Statement Essay
- Recertification Birth Verification Forms from Three Separate Births

By signing below, I verify that the following information is true:

I have read the PALS Doulas Standards of Practice and Code of Ethics and agree to continue to abide by the Standards of Practice and Code of Ethics as set forth by PALS Doulas.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail this application with the required documentation and fee to:

PALS Doulas  
Attn: Certification Committee  
2524 16<sup>th</sup> Ave S, Suite 207B  
Seattle, WA 98144

*Please allow six to eight weeks for processing.*

**Keep a copy of the entire packet for your records.**



## RECERTIFICATION GUIDELINES

### Requirements for Recertification

1. Submit your PALS Application for Recertification.
  - Certified doulas must maintain continuous membership with PALS. To verify your membership status, contact our office at 206-329-7257 or email us at [info@palsdoulas.org](mailto:info@palsdoulas.org)
  - A certified doula whose membership has lapsed must purchase the current year of membership and pay the late renewal fee of \$15, along with the recertification fee for a total of \$100.00.
  - Failure to maintain current membership will result in a suspension of your certification.

2. Attend a minimum of three births as a doula in the three years prior to recertification and complete a PALS Doulas Birth Verification Form for each birth.

Submit three Birth Verification Forms included in this packet to document your births. Only births that took place in the three years prior to your recertification date are valid for use. You are encouraged to complete and return your Data Collection forms at this time as well.

3. Obtain a minimum of 15 contact hours of Continuing Education in the Maternal-Child Health Field from the three years prior to recertification and submit documentation.

Complete the PALS Continuing Education Verification Form included in this packet for each event/item, and send a copy of the Certificate of Attendance, if available. The continuing education events must have occurred in the three years prior to recertification. Continuing education may include (but is not limited to) attendance at one or more of the following:

- PALS Monthly Meetings or monthly meetings from other local birth organizations (each meeting counts as 1 CEU, a maximum of 3 CEUs from this category)
- Advanced Doula Trainings
- Other conferences, classes, or workshops related to maternal/child health
- Attendance at a Childbirth Preparations Series (not as an expectant parent)
- Videos/DVDs that contain lectures or seminars in maternal/child health (1 CEU per hour of video/lecture, a maximum of 3 CEUs from this category)



The purpose of continuing education is for doulas to stay current on birth related topics and expand their knowledge in the birth, maternal-child health field. Please choose continuing education accordingly. If the PALS recertification team feels that any of your continuing education contact hours are not appropriate for this purpose, we may contact you regarding possible alternatives.

If you have questions about what is an acceptable source of continuing education, please contact the PALS Certification Committee at [info@palsdoulas.org](mailto:info@palsdoulas.org)

NOTE: Even if you are not a DONA certified birth doula, you may choose to look over their continuing education options in their recertification packet (available at [www.DONA.org](http://www.DONA.org)). It gives many alternative choices for continuing education from which you may wish to choose. All of the options listed in the DONA packet will be accepted by PALS for recertification purposes.

4. Submit your Personal Statement Essay.

To write a personal statement, please take a moment to reflect upon your doula career and share with us how being a doula has impacted you and what kind of role PALS Doulas has served in your doula work.

In a one-page essay, please include information on the following:

- Approximately how many births have you attended?
- How active have you been as a doula in the last three years?
- How do you uphold the PALS Doulas Code of Ethics and Standards of Practice in your work?
- Have you attended PALS events in the last three years (e.g. Advanced Doula Trainings, Membership Meetings, or Annual Meetings/Conferences)?

5. Submit a \$35.00 recertification fee to PALS along with your packet.



## RECERTIFICATION BIRTH VERIFICATION

A parent, nurse, midwife, or physical may fill out this form. Please remember that you must submit birth verification forms for three different births.

Doula's Name: \_\_\_\_\_

Date of Birth Attended: \_\_\_\_\_ Hours Doula was present: \_\_\_\_\_

Location of Birth: \_\_\_\_\_ Care Provider: \_\_\_\_\_

May we contact you regarding this doula's service?      Yes      No

Your Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Position/Relationship: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form will be kept confidential by the PALS Certification Committee.*

Return this form in the Self Addressed/Self Stamped envelope provided by the doula.

Or

Please mail to:

PALS Doulas

Attn: Recertification Chair

2524 16<sup>th</sup> Ave S, Suite 207B

Seattle, WA 98144



## RECERTIFICATION FEEDBACK

Your feedback is very important to us. You are our members, our Certified Doulas, and this is *your* organization. Please take a moment to give us your feedback and return it with your Recertification Packet. Also, please consider that improvement comes with participation. Let us know if you can volunteer or have interest in joining the PALS Doulas Board.

Name: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

How can PALS improve service to our doulas? \_\_\_\_\_

---

---

---

---

---

What future Advanced Doula Trainings do you recommend? \_\_\_\_\_

---

---

---

---

I am available to volunteer for PALS in the following capacity:

- On the PALS Board of Directors
- For special events or meetings
- Chair a Committee: \_\_\_\_\_
- In another capacity: \_\_\_\_\_

Thank you for your feedback!

*Your PALS Board of Directors*