**Doula Enrollment Letter of Recommendation**

Applicant’s Name:

Applicant’s Position:

Applicant's Organization/Institution:

Applicant’s Address:

Applicant’s Email:

Applicant’s Phone Number:

Today’s Date:

To be completed by recommender:

Recommender’s Name:

Recommender’s Position (OB, Client, etc.):

Recommender’s Organization/Institution:

Recommender’s s Address:

Recommender’s Email:

Recommender’s Phone Number:

Date of completion:

Dear HCPF,

I recommend \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and have known the above applicant for: \_\_\_\_\_\_\_\_.

(Doula Name) (amount of time in years/months).

My relationship to the applicant was (or is) in the following capacity:

☐ Peer ☐ Client ☐ Profession Related Leader ☐ Licensed Provider

☐ Practicing Doula or Midwife

I hereby certify that I have been personally acquainted with the applicant named above and that to the best of my knowledge, I believe they exhibit ethical and professional character expected of a Doula/Community birthing professional.

I confirm that he or she possesses the qualities and professional competencies expected of a doula aiding individuals and families as a birthing partner.

Additional Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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