



Doula Provider Attestation

Provider Request

Provider Name: _____ National Provider Identifier (NPI): _____

Provider Email for Attestation Follow Up: _____

I attest that I have licensing, credentials, experience and/or training as indicated below.

I am pursuing enrollment through the: [check one]

- Certification Pathway
- Experience Pathway

Note: Complete all attestations in the Pathway section that was checked and then sign under the *italicized* statement of attestation at the end of the form.

Certification Pathway

There are four (4) attestations required. Complete each attestation, upload required documentation and sign under the *italicized* statement of attestation at the end of the form.

- (1) I attest that I have received training as a Doula from one of the Department-approved Training Organizations. Attach a copy of the certification.

Certifying Organization: _____ Date Completed: _____

of Training Hours Completed: _____

- (2) I attest that I have attended at least three (3) births (not including my own) within the last five (5) years.

Date of Birth 1:	
Date of Birth 2:	
Date of Birth 3:	

- (3) I attest that I have current CPR Training Credentials. Attach a copy of card.

Date Completed: _____

(4) I attest to follow the Doula Code of Conduct. Sign under the *italicized* statement of attestation at the end of the form.

Date Completed: _____

□ **Experience Pathway:**

There are five (5) attestations required. Complete each attestation, upload required documentation and sign under the *italicized* statement of attestation at the end of the form.

(1) I attest that I have attended at least ten (10) births in my role as a Doula **and** at least five (5) of those births have been in the past two (2) years.

Date of Birth 1:	
Date of Birth 2:	
Date of Birth 3:	
Date of Birth 4:	
Date of Birth 5:	
Date of Birth 6:	
Date of Birth 7:	
Date of Birth 8:	
Date of Birth 9:	
Date of Birth 10:	

(2) I attest that I have attached four (4) letters of recommendation. Two (2) letters of recommendation **must** be from clinical members of a birth team (e.g., Nurse, Nurse Practitioner, Midwife, Obstetrician) for a previously attended birth, and two (2) letters of recommendation are from previous clients. Date Completed: _____

Birth Team Letter #1: Name _____ Date of Birth Attended: _____

Birth Team Letter #2: Name _____ Date of Birth Attended: _____

Client Letter #1: Name _____ Date of Birth Attended: _____

Client Letter #2: Name _____ Date of Birth Attended: _____

(3) I attest that I have current CPR Training Credentials. Attach a copy of card.

Date Completed: _____

(4) I attest to follow the Doula Code of Conduct. Sign under the *italicized* statement of attestation at the end of the form.

Date Completed: _____

(5) As a doula applying for inclusion in the Colorado Medicaid Doula Benefit, I attest to having knowledge and competency in the following areas:

Initial to indicate competency:

- Pregnancy/Perinatal Support
- Childbirth Education
- Anatomy of Pregnancy, Childbirth and Postpartum
- Non-medical Comfort Measures
- Labor Support Techniques
- Newborn/Infant Care
- Feeding/Lactation Support
- Postpartum/Recovery Support
- Family/Partner Support
- Developing a Community Resource List
- Trauma-Informed Care
- Diversity, Equity and Inclusion (Cultural Sensitivity)

I hereby affirm that the information contained herein and any attachments are true, current and complete and are furnished in good faith. I understand that omissions or misrepresentations may be cause for denial of my application or removal from the Colorado Medicaid Doula Benefit. I understand that it is my responsibility to provide appropriate documentation to meet the requirements.

Provider Name: _____

Provider Signature: _____

Date: _____

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Improve health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.

hcpf.colorado.gov

