



Doula Enrollment Letter of Recommendation

Colorado's Medicaid Program and Child Health Plan Plus (CHP+)

Important Instructions:

- **Applicants must upload their completed recommendations as part of their application.** This template may be used for that purpose.

Applicant Information:

Name: _____

Position: _____

Organization/Institution: _____

Address: _____

Email: _____

Phone Number: _____

Date: _____

To be completed by the Recommender

Recommender Information:

Name: _____

Position (e.g., OB, Client, etc.): _____

Organization/Institution: _____

Address: _____

Email: _____

Phone Number: _____

Date of Completion: _____



C O L O R A D O

Department of Health Care
Policy & Financing

Recommendation Statement

I recommend _____ (Doula Name) and have known the applicant for _____ (length of time: years/months).

My relationship to the applicant is in the following capacity (check one):

Peer Client Profession-Related Leader Licensed Provider
 Practicing Doula or Midwife

I hereby certify that I am personally acquainted with the applicant named above and, to the best of my knowledge, believe they demonstrate the ethical standards and professional character expected of a doula or community birthing professional. I confirm that the applicant possesses the qualities and competencies essential for serving individuals and families as a trusted birthing partner.

Additional Remarks Required: (Use this space to provide more details about your experience with the applicant and your experience working with them)