



COLORADO

Department of Health Care
Policy & Financing

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: _____

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)

This image shows a full page of white paper with horizontal grey ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for writing or drawing. There are no margins, text, or other markings on the paper.