



TRAINING ENTITY APPROVAL APPLICATION

STATE-CERTIFIED DOULA

INFORMATION & BACKGROUND – READ CAREFULLY

Any person seeking to be a Virginia state-certified doula under *12VAC5-403 Certification of Doulas* shall be a community-based doula and (i) meet the qualifications and education requirements established in *12VAC5-403 Certification of Doulas* and (ii) hold a certification as a certified doula from a certifying body approved by the Virginia Board of Health. The Virginia Certification Board (VCB) is the certifying body approved by the Virginia Board of Health.

INSTRUCTIONS

This application is designed to approve doula training entities with the capacity to train individuals to become state-certified doulas. Instruction may be offered in person, online with an instructor/facilitator (synchronous), or online self-directed by the student (asynchronous).

Training entities are **not** required to provide instruction for all education/training topics in order to be considered.

1. For each education/training topic, attach the course curriculum for consideration.
2. For each education/training topic, complete the corresponding section of the application. Reference the course curriculum when completing each section. Include details about where the relevant information is located in the document (i.e. page number, heading).
3. Completed applications can be submitted in any of the following ways:
Mail to: VCB, 298 S. Progress Ave., Harrisburg, PA 17109
Email to: info@vacertboard.org
Fax to: 717-540-4458

DEFINITIONS

- "Antepartum" means the period of pregnancy prior to labor and delivery.
- "Certifying body" means an organization approved by the Board of Health that has as one of its purposes the certification of doulas. The Virginia Certification Board (VCB) currently serves as the certifying body.
- "Community-based doula" means a doula who often has shared lived experiences and is trained to provide extended, culturally congruent support to families throughout pregnancy to include antepartum, intrapartum, during labor and birth, and up to one year postpartum. Community-based doulas provide an expanded set of services and play a crucial role in improving outcomes and experiences for communities most affected by discrimination and disparities in health outcomes.
- "Doula" means a trained nonmedical professional who provides continuous physical, emotional, and informational support to a pregnant person during the antepartum or intrapartum period or during the period up to one year postpartum.

- “Intrapartum” means the period of pregnancy after the onset of labor through delivery.
- “Postpartum” means the period of pregnancy following birth.
- "State-certified doula" means a trained, community-based nonmedical professional who provides continuous physical, emotional, and informational support to a pregnant person during the antepartum or intrapartum period or during the period up to one year postpartum who has been certified by a certifying body approved by the Board of Health.
- “Training entity” means an organization that has a training and education program that are approved by a certifying body approved by the Board of Health to meet the curriculum requirements for community-based doula certification.

KNOWLEDGE AREAS

1. Maternal and Infant Health Concepts and Approaches
 - a. Provision of perinatal support services from 1st trimester to twelve months postpartum
 - b. Provision of emotional and social support, including navigating pregnancy loss
2. Lactation anticipatory guidance and support
3. Service Coordination and System Navigation
 - a. Provision of in-home prenatal and postpartum care support
 - b. Assessing psychosocial and health needs, including perinatal mood and anxiety disorders (PMADs) screening
 - c. Goal setting and prioritization of psychosocial and health needs
 - d. Antepartum (high-risk) maternal care support
 - e. Labor support
 - f. Education and referrals for developmental screenings
 - g. Resource navigation for wraparound services (i.e. intimate partner violence, domestic violence, oral health, family planning)
4. Health Promotion and Prevention
 - a. Provision of perinatal health education
 - b. Provision of newborn parenting education
 - c. Provision of wellness and self-care coaching
5. Advocacy, Outreach and Engagement
 - a. Serving as an advocate for respectful maternal care
 - b. Intentional reflection of the community served
 - c. Care coordination and social service navigation
 - d. Provision of reproductive rights education, informed choice and decision making, and birth planning
 - e. Child abuse and neglect mandatory reporting
6. Communication
 - a. Respectful, client-centered maternal care
 - b. Active listening
 - c. Navigating patient families, medical support staff, and other support systems
 - d. Responding to challenges
7. Cultural Humility and Responsiveness
 - a. Intersectionality and cultural humility, including language access
 - b. Health literacy
 - c. Trauma-informed care
8. Ethical Responsibilities and Professionalism
 - a. Code of Ethics, Standards of Practice, and HIPAA
 - b. Required charting and documentation
 - c. Serving as an accountability partner

STATE-CERTIFIED DOULA TRAINING ENTITY APPROVAL APPLICATION

TYPE OR PRINT LEGIBLY

Contact Name: _____ Email: _____

Direct Phone: _____

Organization: _____

Website: _____

I agree to adhere to VCB's requirements, terms, and conditions for State-Certified Doula Training Entity approval. Failure to do so could result in cancellation of approval with VCB or the denial of education hours submitted for VCB approval. This agreement is effective for three years from the date of processing and receipt of payment.

Signature: _____ Date: _____

Select the category for the number of education/training topics that your organization will submit for VCB approval. If you need additional trainings approved, the cost is \$25/training until the end of the agreement.

	NUMBER OF EDUCATION/TRAINING TOPICS	FEE
<input type="checkbox"/>	1-3 Edu/Training Topics	\$50 total
<input type="checkbox"/>	4-6 Edu/Training Topics	\$75 total
<input type="checkbox"/>	All Topics (60-hour training)	\$150 total

PAYMENT INFORMATION: FEE MUST ACCOMPANY APPLICATION

PAYMENT (CHECK ONE): Check Money Order VISA MasterCard Discover American Express
Checks & Money Orders made payable to VCB

Credit card #: _____ - _____ - _____ - _____

CCV Code: _____ Exp. Date: _____ Name on Card: _____

Billing address: _____

Email address for receipt (*credit card only*): _____

EDUCATION/TRAINING TOPICS PER 12VAC5-403 CERTIFICATION OF DOULAS

Place a check beside the topic(s) for which your organization will offer training. For a training to be approved, it must be at least the number of hours listed below.

TOPIC	HOURS REQUIRED	COURSE TITLES	COURSE MATERIALS (manuals, handouts, slides, text books, etc.)
Maternal and Infant Health Concepts and Approaches	2		
Lactation anticipatory guidance and support	10		
Service Coordination and System Navigation	20		
Health Promotion and Prevention	8		
Advocacy, Outreach and Engagement	5		
Communication	2		
Cultural Humility and Responsiveness	8		
Ethical Responsibilities and Professionalism	5		

STATE-CERTIFIED DOULA EDUCATION/TRAINING DESCRIPTION FORM

Complete the section below for each topic selected. For each education/training topic, attach the course curriculum for consideration. Copy this page this as needed for each training topic.

Topic: _____

Title of Course or Module: _____

Course Delivery (check all that apply): In Person Online with Facilitator (Synchronous)
 Online Self-Directed (Asynchronous)

List the specific learning objectives for each topic including referencing the topic's session content:

Describe the activities and how the activities meet the learning objectives:

Describe tools used to evaluate students' understanding of the curriculum including pre and posttests, participation, etc.:

List the qualifications of the training entity to provide training about this particular topic: