



# APPLICATION

## State-Certified Doula

### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** VCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@vacertboard.org](mailto:info@vacertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to VCB. To confirm receipt of application, email VCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from VCB regarding your application after 10 business days, email [info@vacertboard.org](mailto:info@vacertboard.org).
5. Once approved, a certificate will be mailed to you within 10 business days.

### OVERVIEW:

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.

## 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

## REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application.

### EDUCATION/TRAINING PATHWAYS

**REQUIRED:** 60 total hours specific to the knowledge areas within the last three years. All 60 hours must be from a VCB accredited training provider. Accredited training providers are listed on the VCB website.

- 2 hours must be in Maternal and Infant Health Concepts and Approaches
- 10 hours must be in Lactation anticipatory guidance and support
- 20 hours must be in Service Coordination and System Navigation
  - 8 hours must be in Health Promotion and Prevention
  - 5 hours must be in Advocacy, Outreach and Engagement
  - 2 hours must be in Communication
- 8 hours must be in Cultural Humility and Responsiveness
- 5 hours must be in Ethical Responsibilities and Professionalism

### CERTIFICATION FEE

**REQUIRED:** \$100.00 (fee must accompany certification application)

The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 6 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to VCB.

**Applications received without payment will not be processed.** One-half of the fee is refundable if application is denied or if applicant does not submit required information within one year of applying.

# APPLICATION INFORMATION

## GENERAL INFORMATION

Email addresses provided to VCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

## APPEAL PROCESS

The purpose of appeal is to determine if VCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to VCB within 30 days of the notification of VCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the VCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

## CERTIFICATION TIME PERIOD

Certification encompasses three calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

## RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every three years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# STATE-CERTIFIED DOULA APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to VCB.

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Pronouns: \_\_\_\_\_

Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Have you read and understood the VCB State-Certified Doula Code of Ethical Conduct?  Yes  No

*The Code of Ethical Conduct is located on page 10 and 11 of this application.*

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_  
***REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.***

Secondary Email: \_\_\_\_\_

## DEMOGRAPHICS

*The database will pull information from this application and share it with the public.*

### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

### How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose

### Do you have military experience?

- Active duty
- Veteran
- Not Applicable

**Language(s) spoken fluently** (check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Igbo                | <input type="checkbox"/> Somali                        |
| <input type="checkbox"/> Amharic                | <input type="checkbox"/> Indigenous Language | <input type="checkbox"/> Spanish                       |
| <input type="checkbox"/> Arabic                 | <input type="checkbox"/> Italian             | <input type="checkbox"/> Swahili                       |
| <input type="checkbox"/> Berber                 | <input type="checkbox"/> Korean              | <input type="checkbox"/> Tagalog (Filipino)            |
| <input type="checkbox"/> Chinese                | <input type="checkbox"/> Oromo               | <input type="checkbox"/> Vietnamese                    |
| <input type="checkbox"/> Creole                 | <input type="checkbox"/> Polish              | <input type="checkbox"/> Yoruba                        |
| <input type="checkbox"/> English                | <input type="checkbox"/> Portuguese          | <input type="checkbox"/> Zulu                          |
| <input type="checkbox"/> French                 | <input type="checkbox"/> Russian             | <input type="checkbox"/> Other, please specify: _____: |
| <input type="checkbox"/> German                 | <input type="checkbox"/> Setswana            |  |
| <input type="checkbox"/> Hausa                  | <input type="checkbox"/> Shona               |  |

## PAYMENT INFORMATION

**FEE OF \$100 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check    Money Order    VISA    MasterCard    Discover    American Express

*Checks & Money Orders made payable to VCB*

- My employer/organization is mailing payment directly to VCB.

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

CCV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

For questions, contact VCB at:

Email: [info@vacertboard.org](mailto:info@vacertboard.org)

Phone: 804-741-2319

## STATE-CERTIFIED DOULA: EDUCATION/TRAINING FORM

**REQUIRED:** 60 total hours specific to the knowledge areas within the last three years. All 60 hours must be from a VCB accredited training provider. Accredited training providers are listed on the VCB website.

2 hours must be in Maternal and Infant Health Concepts and Approaches

10 hours must be in Lactation anticipatory guidance and support

20 hours must be in Service Coordination and System Navigation

8 hours must be in Health Promotion and Prevention

5 hours must be in Advocacy, Outreach and Engagement

2 hours must be in Communication

8 hours must be in Cultural Humility and Responsiveness

5 hours must be in Ethical Responsibilities and Professionalism

I have included documentation of training with my application.  Yes  No

My training is from one or more of the accredited training providers listed on VCB's website.  Yes  No

## STATE-CERTIFIED DOULA: REGISTRY

The Virginia Certification Board is required to make a registry of state-certified doulas in the Commonwealth available to the public. This registry will allow members of the public to search for and select a state-certified doula that will best meet their needs. The registry will include the following information: Name (first and last), Contact information (phone number, email address), Location (city/county), Race/Ethnicity, Gender, Language(s) spoken, Pronouns, Organizational affiliation (if any) and Medicaid approval status.

By completing this page, I am agreeing to have the above information listed on VCB's website. I understand that to remove my information, I must submit the request in writing to VCB. I also understand that it is my responsibility to contact VCB with any changes to my information.

**Applicant Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# STATE-CERTIFIED DOULA: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Virginia Certification Board (VCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the VCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by VCB and/or the Virginia Department of Health.
- I consent to authorize VCB to gather information from third parties regarding training and/or certification and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to VCB before, during, or after application for certification is made will be investigated by VCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed.

\_\_\_\_\_ I understand that my state certification will be revoked if I do not provide proof of completion of any unmet training and education requirements within one year of application.

\_\_\_\_\_ I either live or work in Virginia at least 51% of the time.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**



# STATE-CERTIFIED DOULA: CODE OF ETHICS

## PURPOSE OF THIS CODE

The State-Certified Doula Code of Ethics is based on the core values adopted by DONA International and revised by the Virginia Department of Health (VDH), in partnership with the Virginia Doula Task Force, to emphasize the critical role of community-based doulas. The Code of Ethics outlined in this document provides a framework for state-certified doulas, supervisors, and employers of state-certified doulas to discuss ethical issues facing the profession.

### I. Rules of Conduct

- A. *Propriety.* State-certified doulas maintain high standards of personal conduct in the capacity or identity as doulas.
- B. *Competence and Professional Development.* State-certified doulas strive to become and remain proficient in the professional practice and the performance of professional functions through continuing education, affiliation with related organizations, and associations with other doulas.
- C. *Integrity.* State-certified doulas act in accordance with the highest standards of professional integrity.

### II. Ethical Responsibility to Clients

- A. *Priority of Client's Interests.* State-certified doulas' primary responsibility is to their clients.
- B. *Rights and Prerogatives of Clients.* State-certified doulas make every effort to foster maximum self-determination on the part of their clients.
- C. *Confidentiality and Privacy.* State-certified doulas respect the confidentiality, privacy, and trust of individuals, families, and communities that they serve. State-certified doulas understand and abide by employer policies, as well as state and federal confidentiality laws that are relevant to their work.
- D. *Quality of Care.* State-certified doulas strive to provide high quality services to individuals, families, and communities *through* continued education, training, and an obligation to ensure the information they provide is up-to-date and accurate. When the state-certified doula agrees to work with a particular client, their obligation is to do so reliably, without fail, for the term of the agreement.
- E. *Scope of Ability and Training.* State-certified doulas strive to expand their professional knowledgebase and competencies through education and participation in professional organizations. State-certified doulas will remain up to date on any developments that substantially affect their ability to competently render services. State-certified doulas are transparent about qualifications, competencies, and limitations on services they may provide and must not misrepresent qualifications or competencies to individuals, families, communities, or employers.
- F. *Referral of Appropriate Services.* State-certified doulas acknowledge when client issues are outside of their scope of practice and refer clients to the appropriate health, wellness, or social support services when necessary.
- G. *Wellness and Safety.* State-certified doulas are aware of their own personal well-being (physical, mental, and spiritual health) and strive to maintain a safe environment for themselves and the communities they serve.
- H. *Advocacy for the Profession.* State-certified doulas are advocates for the profession and are members, leaders, and active participants in local, state, and national professional organizations.
- I. *Professional Obligations.* State-certified doulas have an obligation to report actual or potential harm to individuals within the communities they serve to the appropriate authorities. State-certified doulas have a responsibility to follow requirements set by states, the federal government, and/or their employing organizations.
- J. *Fees.* When setting fees, state-certified doulas ensure that they are fair, reasonable, and commensurate with services performed. State-certified doulas must clearly state their fees to the client and describe the services provided, terms of payment and refund policies.

### III. Promotion of Equitable Relationships

- A. *Community-Based Approach.* State-certified doulas are required to be community-based doulas. A community-based doula is 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.

- B. *Cultural Humility*. State-certified doulas possess expertise in the communities in which they serve. They maintain a high degree of humility and respect for the cultural diversity within each community. As advocates for their communities, doulas may need to inform employers and others when policies and procedures will offend or harm communities or are ineffective within the communities where they work.
- C. *Maintaining the Trust of the Community*. State-certified doulas are members of their communities and their effectiveness in providing services is derived from the trust placed in them by members of these communities. Doulas do not act in ways that could jeopardize the trust placed in them by the communities they serve. Doulas value and respect the expertise and knowledge that each community member possesses. In turn, doulas strive to create equitable partnerships with communities to address all issues of health and well-being.
- D. *Respect for Human Rights*. State-certified doulas maintain professional relationships with clients. They establish, respect, and actively maintain personal boundaries between them and their clients.
- E. *Anti-Discrimination*. State-certified doulas do not discriminate against any person or group based on age, sex, race, color, creed, religion, ethnicity, sexual orientation, gender identity, national origin, citizenship, ability status, marital status, or any other legally recognized protected group.

**I HAVE READ AND WILL ABIDE BY THE ABOVE CODE OF ETHICS.**

Applicant Name: \_\_\_\_\_  
**PRINT LEGIBLY**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# STATE-CERTIFIED DOULA CHECKLIST

Applicant Name: \_\_\_\_\_

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.**

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	Page 5 & 6	
Education/Training Form	Page 7 Copies of documentation	
Registry Form	Page 7 (optional)	
Acknowledgement & Release page	Page 8, notarized	
Signed Code of Ethics page	Page 10	
Checklist page	Page 11	
Copy entire application for records		

## TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- 1. Mail:** VCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@vacertboard.org](mailto:info@vacertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@vacertboard.org](mailto:info@vacertboard.org).*

**I acknowledge, that to the best of my ability, I have submitted a completed application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_