



# CPD APPLICATION – LEGACY PERIOD

*Legacy period ends December 31, 2023*

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Certified Perinatal 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:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@pacertboard.org](mailto:info@pacertboard.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@pacertboard.org](mailto:info@pacertboard.org).*

## REVIEW & APPROVAL PROCESS

- 1.** Application submitted to PCB. To confirm receipt of application, email PCB 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.** A certificate will be mailed to you within 10 business days.

## ROLE OF THE PERINATAL DOULA

Doulas are non-medical; trained professionals who provide emotional, physical, and informational support and guidance in various aspects not limited to reproductive health and family services. Doulas provide services including but not limited to:

- Providing continuous labor support to pregnant individuals, families, surrogates, and adoptive parents;
- Conducting prenatal, postpartum, and bereavement in-person and virtual visits throughout the perinatal period, lasting until one year after birth or termination of pregnancy regardless of outcome;
- Accompanying pregnant individuals to healthcare and social service appointments;
- Providing support to individuals for loss of pregnancy or infant;
- Connecting individuals to community-based, and state/federally funded resources, including those which address need within the social determinants of health;
- Engaging in administrative tasks related to these services; and
- Making oneself available (being on-call) around the time of birth or loss as well as providing support for any concerns of the pregnant individual throughout pregnancy and one year after delivery regardless of outcome.

## CERTIFIED PERINATAL DOULA KNOWLEDGE AREAS

1. Understanding basic anatomy and physiology related to pregnancy, the childbearing process, the postpartum period, and lactation
2. Capacity to employ different strategies for providing emotional support, education, and resources during the perinatal period
3. Knowledge of an ability to assist families with utilizing a wide variety of nonclinical labor coping strategies
4. Strategies to foster effective communication between clients, their families, support services, and health care providers
5. Awareness of integrative healthcare systems and/or modalities and various specialties of care that a doula can provide information for in order to address client needs beyond the scope of the doula
6. Knowledge of community-based, state/federal funding, and clinical resources available to the client for any need outside of the doula's scope of practice
7. Knowledge of HIPAA compliance and client confidentiality
8. Health equity
9. Implicit bias
10. Racism, including structural, interpersonal, and institutionalized racism
11. Reproductive and birth justice
12. Cultural sensitivity and humility
13. Trauma-informed care, including for survivors of sexual assault and birth trauma
14. Substance use disorder
15. Accessing resources: housing, health care, economic security, childcare
16. Navigating social service agencies (local resource list) (lawyers for birth justice, counselors, interpreting services)

# CERTIFIED PERINATAL DOULA REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to PCB directly prior to application.

## EDUCATION/TRAINING

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**REQUIRED:** 24 total hours of relevant education/training to the Certified Perinatal Doula knowledge areas. **1** hour must be in HIPAA/client confidentiality.

**REQUIRED:** Documentation of current CPR certification. Certificate(s) must include competencies for adults and infants.

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**Education may be obtained** through any doula certifying body that meets the core competencies or a doula training organization.

**Education is defined as** formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no time limit** on when the education/training was received. NOTE: when the Legacy period concludes, all training/education will be required to be obtained within the last three years prior to the date of the application.

There is **no limit to the amount of online education** that may be submitted.

**All education/training must be documented.** College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive** meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

## EXPERIENCE

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**REQUIRED:** One (1) year of experience is required for applicants who have not obtained their education through a doula certifying body or a doula training organization. The applicant must be currently practicing, and experience must be acquired within two years prior to the submission of the application.

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**Qualifying experience** is based upon an individual providing services that are specific to the perinatal doula knowledge areas.

Qualifying experience can be from multiple organizations/mentors.

If the applicant's experience requirement is not fulfilled from their current organization, they must include **documentation from previous organizations(s)** verifying their title, duties, and dates employed/volunteering with their application. DO NOT submit a resume as proof of previous work experience. Applicant must contact previous organizations and request detailed documentation of their employment from them.

**All experience must have occurred within the last two (2) years.**

## CLIENT EVALUATIONS

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**REQUIRED:** Three (3) client evaluations from family's served within the last two years.

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The **consent form** (page 10) must be given to each client/family.

A copy of the consent form for each corresponding evaluation must be included with the application.

## CERTIFICATION FEE

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**REQUIRED:** \$50 (fee must accompany certification application)

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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 7 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 PCB.

**Applications received without payment will not be processed.** One-half of the fee is refundable if application is denied.

# APPLICATION INFORMATION

## GENERAL INFORMATION

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

Applicants must either live or work in PA at the time of application.

## APPEAL PROCESS

The purpose of appeal is to determine if PCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to PCB within 30 days of the notification of PCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the PCB 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.

# CERTIFIED PERINATAL DOULA: APPLICANT INFORMATION

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

## 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): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the PCB Code of Ethical Conduct for Perinatal Doulas?  Yes  No  
*The Code of Ethical Conduct is located at [www.pacertboard.org/ethics](http://www.pacertboard.org/ethics).*

## 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

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### 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

**What is your yearly income as a doula?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- 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               |   |

**Employment plans for the next three years (check all that apply):**

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**PAYMENT INFORMATION**

**FEE OF \$50 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to PCB*

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

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

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

## CERTIFIED PERINATAL DOULA: TYPE

**REQUIRED:** Indicate the type of doula you are currently practicing as.

*Type names are not reflective of any one certification/training type. We understand there are many types of doulas nationally recognized. However, for the purpose of this certification, there is an emphasis on doulas primarily supporting the perinatal journey. Please choose one or more which best encompasses your credentials/training.*

- Birth Doula** - A birth doula is a professional trained in childbirth who provides evidence-based emotional, physical, and informational support to a mother who is expecting, experiencing labor, and has recently given birth. The doula's purpose is to help women have a safe, memorable, and empowering birth experience.
- Postpartum Doula** - A postpartum doula works with families in the postpartum period providing them with evidence-based emotional, physical, and informational support while demonstrating newborn care, breastfeeding education, sibling support, and availability to fill in the gaps, as necessary.
- Perinatal Doula** - A perinatal doula is a non-medically trained community care worker who offers evidence-based emotional, physical, and informational support to families during the perinatal period – from preconception, to birth, to abortion, to miscarriage/loss, to adoption, to postpartum.
- Other – Please list your doula type if not defined above** \_\_\_\_\_

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## CERTIFIED PERINATAL DOULA: EDUCATION/TRAINING

**REQUIRED:** 24 total hours of relevant education/training to the Certified Perinatal Doula knowledge areas.  
1 hour must be in HIPAA/client confidentiality.

**REQUIRED:** Documentation of current CPR certification. Certificate(s) must include competencies for adults and infants.

I have included copies of training certificates.  Yes  No

I have included a copy of my training tracking system/learning management system report.  Yes  No

My college transcript provides all or some of the relevant education.  Yes  No



# PERINATAL DOULA: EXPERIENCE

**REQUIRED:** One (1) year of experience is required for applicants who have not obtained their education through a doula certifying body or a doula training organization.

## CURRENT VOLUNTEER/EMPLOYMENT INFORMATION

Agency Name: \_\_\_\_\_

Agency City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Current Position: \_\_\_\_\_

**How many hours do you volunteer/work per week?** \_\_\_\_\_

**Total hours/years worked in current position?** \_\_\_\_\_

**Do you need to document previous employment to fulfill the experience requirement?**  Yes  No

*If yes, complete the section below **AND** submit a letter (on company letterhead) from previous employer(s) verifying your duties and dates employed must be included with your application.*

## PREVIOUS EMPLOYMENT INFORMATION (IF APPLICABLE)

*Letter (on company letterhead) from previous employer(s) verifying your title, duties & dates employed must be included with your application.*

Agency Name: \_\_\_\_\_

Agency City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

**How many hours did you work per week?** \_\_\_\_\_

**Total hours/years worked in previous position?** \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency City: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Position/Title: \_\_\_\_\_

Start Date in Position: \_\_\_\_\_ End Date in Position: \_\_\_\_\_

**How many hours did you work per week?** \_\_\_\_\_

**Total hours/years worked in previous position?** \_\_\_\_\_

## PERINATAL DOULA: EXPERIENCE

*Please complete this information below even if you have obtained education through a doula certify body or a doula training organization. This data will be used to assess coverage of doula services throughout Pennsylvania.*

Do you work for a doula agency?  Yes  No

Agency Name: \_\_\_\_\_

Agency City: \_\_\_\_\_ Zip: \_\_\_\_\_

County(s) Served: \_\_\_\_\_

Do you work independently as a doula?  Yes  No

County(s) Served: \_\_\_\_\_

What counties outside of your current service area are you willing to travel to? (Type N/A if none)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PERINATAL DOULA: CLIENT CONSENT FORM & EVALUATIONS

**REQUIRED:** Three (3) client evaluations from family's served within the last two years. Each evaluation must include a copy of the consent form.

## CLIENT CONFIDENTIALITY CONSENT FORM *(COPY THIS PAGE FOR EACH CLIENT/FAMILY)*

Due to current confidentiality regulations and HIPAA guidelines, all doulas should have a signed consent form from their client **before** taking any notes regarding the client's perinatal journey. To be fully compliant, obtain this consent signature at the first visit, or upon first meeting and joining the client for contract signing. This document should be maintained in accordance with HIPAA compliant storage methods. Pennsylvania Perinatal Doula Certification candidates: **confidentiality of medical and personal information obtained during the doula's work is of the utmost importance.** Failure to comply with these confidentiality regulations could result in penalties.

### Release of Basic Client Information for Certification purposes:

I, \_\_\_\_\_ (client names), at \_\_\_\_\_  
\_\_\_\_\_ (address),  
\_\_\_\_\_ (phone #), give my permission for my doula, \_\_\_\_\_ (doula's name),  
to take notes, including personal information I choose to disclose to her, and information regarding my labor, birth and postpartum, as well as any information regarding my partner and child/ren. I understand that this information may be used for the purpose of doula certification or recertification and will be shared with the Pennsylvania Doula Commission and Pennsylvania Certification Board. I understand I may be contacted to verify my experience and evaluation of the doula candidate. Additionally, I realize that this information may be shared with the doula that is providing backup support. I also understand that this information can and will anonymously be used by the Pennsylvania Doula Commission for data collection and statistical purposes. These records should be kept for a minimum of seven years. Lastly, my doula may use this information to provide me with a summary for my own personal use if requested.

Client #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Client #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

# PERINATAL DOULA: CLIENT CONSENT FORM & EVALUATIONS

**REQUIRED:** Three (3) client evaluations from family's served within the last two years. Each evaluation must include a copy of the consent form.

## DOULA EVALUATION (COPY THIS PAGE FOR EACH CLIENT/FAMILY)

Name (First, Last): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

Doula Name: \_\_\_\_\_ Baby(ies) Date of Birth: \_\_\_\_\_

Birth Location:  Hospital  Home Birth  Birth Center

Name of Hospital or Birth Center: \_\_\_\_\_

Type of Birth (check all that apply):  Vaginal  Cesarean  Medicated  Non-medicated

Thank you for your feedback. You may be contacted if the Pennsylvania Certification Board and Pennsylvania Doula Commission feel that more information is needed.

Please put a check mark in the box if you **DO NOT** wish to be contacted about your experience or the results of this evaluation.

**Check each box as it applies to your experience working with the doula named above.**

	Description	Needs Improvement	Meets	Exceeds	Does Not Apply
Communication	Doula stayed in contact with me regularly				
Accessibility	Doula was available to support me while pregnant (phone, video, text, email, in person)				
Knowledge	Doula knew how to best support by providing accurate information or resources. Doula educated me on what to expect in my birth, postpartum or loss				
Cultural Respect	Doula acknowledged or respected my racial and/or cultural needs				
Lactation	Doula was able to help me latch my baby to initiate breastfeeding/chestfeeding				
Policy & Procedures	Doula helped me to understand hospital policy and procedures				
Advocacy	Doula advocated for my care and/or educated me on how to advocate for myself				
Confidentiality	Doula protected my private information and health and/or provided a confidentiality agreement				
Safety	Doula took safety precautions such as hand washing, use of PPE (face masks, gloves, etc.)				



# CERTIFIED PERINATAL 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 Pennsylvania Certification Board (PCB) 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 PCB 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 PCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize PCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to PCB before, during, or after application for certification is made will be investigated by PCB and could result in the nullification of the application or denial or revocation of certification.
- I attest that I have notified (3) clients of their participation in verifying my experience with a signed Client Confidentiality Consent Form and Evaluation.

## INITIAL EACH STATEMENT

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

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

\_\_\_\_\_ 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, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential PCB offers, I will incur a \$50 change/review fee.

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:**

# CERTIFIED PERINATAL 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	<ul style="list-style-type: none"><li>• Pages 6 &amp; 7</li></ul>	
Doula Type	<ul style="list-style-type: none"><li>• Page 8</li></ul>	
Education	<ul style="list-style-type: none"><li>• Copies of training documentation(s)</li><li>• Page 8</li></ul>	
Experience	<ul style="list-style-type: none"><li>• Page 9 &amp; 10</li></ul>	
Consent Forms (3)	<ul style="list-style-type: none"><li>• Page 10</li></ul>	
Evaluations (3)	<ul style="list-style-type: none"><li>• Pages 11-12</li></ul>	
Notarized Acknowledgement & Release page	<ul style="list-style-type: none"><li>• Page 13</li></ul>	
Checklist page	<ul style="list-style-type: none"><li>• Page 14</li></ul>	
Company paying fee?	<ul style="list-style-type: none"><li>• Include applicant name on payment</li></ul>	
Copy entire application for records		

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

1. **Mail:** PCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@pacertboard.org](mailto:info@pacertboard.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@pacertboard.org](mailto:info@pacertboard.org).*

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

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