



# ICEA DOULA CERTIFICATION APPLICATION ONLINE PATHWAY

**ID #:**

Must be submitted prior to \_\_\_\_\_

FOR OFFICE USE ONLY

Name \_\_\_\_\_  
last first middle

Address \_\_\_\_\_  
street city province/state/country postal code  
/ telephone

ICEA membership number \_\_\_\_\_ expiration date

ICEA certification ID number \_\_\_\_\_ expiration date

Email address \_\_\_\_\_

The following documentation **must** accompany this application. Please check each item that is enclosed:

\_\_\_\_\_ [illegible text]

\_\_\_\_\_ [illegible text]

\_\_\_\_\_ [illegible text]

\_\_\_\_\_ [illegible text]

### PHILOSOPHY STATEMENT:

"I support family-centered maternity and newborn care and the right of parents to make decisions based on knowledge of alternatives. As an ICEA Certified Doula I will work with other health care professionals and consumers to promote family-centered care, breastfeeding, and parent-infant bonding. I understand and accept my primary responsibility to be supporting the laboring woman and new family."

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit complete application to: ICEA, 1500 Sunday Drive, Suite 102 Raleigh, N.C. 27607