



**LABOR SUPPORT EXPERIENCE VERIFICATION FORM**  
**ICEA Doula Certification Program**

***Support may not be provided while administering nursing or medical care.***

This verifies that \_\_\_\_\_ has provided support for a laboring woman in partial fulfillment of the labor support requirement for certification in the International Childbirth Education Association Doula Certification Program.  
(candidate's name)

Signature \_\_\_\_\_  
Position/title \_\_\_\_\_  
Date \_\_\_\_\_

\* \* \* \* \*

This verifies that \_\_\_\_\_ has provided support for a laboring woman in partial fulfillment of the labor support requirement for certification in the International Childbirth Education Association Doula Certification Program.  
(candidate's name)

Signature \_\_\_\_\_  
Position/title \_\_\_\_\_  
Date \_\_\_\_\_

\* \* \* \* \*

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(candidate's name)

Signature \_\_\_\_\_  
Position/title \_\_\_\_\_  
Date \_\_\_\_\_