



ICEA Postpartum Doula Certification Program APPLICATION

Name: _____

Full Address: _____

Phone (H) : _____ (C): _____ (W): _____

Email Address: _____ Website: _____

Birth Date: _____

The following documentation must accompany this application. Original ICEA forms must be used and submitted. Please check each item that is included. Completion of this application, accompanying forms, along with full payment will constitute fulfillment for application into the ICEA Postpartum Doula Certification Program. You will be notified of acceptance within three weeks.

_____ Verification of attendance at an ICEA Approved Postpartum Doula Workshop/completion of the approved online ICEA Postpartum Doula Workshop

_____ Scope of Practice signed (see form)

_____ Verification of completion of Certificate of Completion of the Lactation Management Self-Study Modules-Level 1 from Wellstart International or copy of certificate from ICEA Early Lactation Workshop

_____ Verification of Infant/Child/Adult CPR training (see form)

_____ Verification of completion of Part 1 Hug Your Baby: Helping Parents Understand Their Newborn.

_____ Three evaluations from postpartum clients (for a total of 12 hours) (see form)

_____ Birth and Postpartum Community Resource List enclosed (at least 15 resources)

_____ Check (made out to ICEA) or Credit Card Payment for \$100.00 (ADD \$95.00 if not a member)

Checks Accepted <OR> Charge My (Circle One): Visa MasterCard (**Note: Fees are NON-REFUNDABLE**)

Account number: _____ / _____ / _____ / _____

Expiration date: _____ Security code: _____

Signature: _____

_____ Yes, I am willing to be contacted via (circle one or both) phone/email by postpartum doula candidates.

_____ Do not include my name and contact information on the ICEA Website

_____ Do not include my name on the list of ICEA Postpartum Doulas distributed to those in need of postpartum doula services.

PHILOSOPHY STATEMENT:

"I support family-centered maternity and newborn care and the right of parents to make informed 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 postpartum woman and new family."

Signature: _____ Date: _____

International Childbirth Education Association / 2501 Aerial Center Pkwy, Ste. 103, Morrisville, NC 27560

PHONE: 919-863-9487 / FAX: 919-459-2070 / www.icea.org / info@icea.org