LABOR OR BIRTH SUPPORT VERIFICATION FORM

Observations may not be completed while administering nursing or medical care.

This verifies that __________________________ has supported a laboring woman and observed a
birth at ________________________________ in partial fulfillment of the labor or birth
observation requirement for the Birth Doula Certification Program of the International Childbirth
Education Association.

Signature: ________________________________ Date: ________________

Position/Title: ____________________________

• • • • •

This verifies that __________________________ has supported a laboring woman and observed a
birth at ________________________________ in partial fulfillment of the labor or birth
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Education Association.

Signature: ________________________________ Date: ________________

Position/Title: ____________________________

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birth at ________________________________ in partial fulfillment of the labor or birth
observation requirement for the Birth Doula Certification Program of the International Childbirth
Education Association.

Signature: ________________________________ Date: ________________

Position/Title: ____________________________