

## 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: \_\_\_\_\_

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

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