



# DELAWARE CERTIFICATION BOARD

## Certified Doula for Medicaid Reimbursement

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### Application

#### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented. **Do not apply until all requirements are met. This credential is for doulas who are seeking Medicaid reimbursement only.**

**Do not apply until all requirements are met.**

#### TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

1. **Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@decertboard.org](mailto:info@decertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@decertboard.org](mailto:info@decertboard.org).*

#### REVIEW & APPROVAL PROCESS

1. Application submitted to DCB. To confirm receipt of application, email DCB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from DCB regarding your application, email [info@decertboard.org](mailto:info@decertboard.org).
5. If there are no issues with your application, a certificate will be mailed to you within 10 business days.

# CERTIFIED DOULA FOR MEDICAID REIMBURSEMENT REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application. Information about acceptable documentation is list under each section in the application.

| REQUIREMENT                     | REGULAR DOULA  | LEGACY DOULA  |
|---------------------------------|--|---|
| <b>Experience</b>               | <ul style="list-style-type: none"> <li>Documentation of a total of three (3) births, of which one (1) the applicant is the primary doula providing labor support to the client within last three (3) years.</li> </ul>   | <ul style="list-style-type: none"> <li>Documentation of a minimum of 15 clients within the last three (3) years.</li> <li>Documentation of nine (9) births attended within the last three (3) years.</li> </ul> |
| <b>Education/Training</b>       | <ul style="list-style-type: none"> <li>Documentation of a minimum of 16 total hours of birth and labor doula education which includes: lactation support, childbirth education, nonmedical comfort measures, prenatal support, labor support techniques, and postpartum support.</li> <li>Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.</li> <li>Documentation of HIPAA training: 1 hour</li> </ul> | <ul style="list-style-type: none"> <li>Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.</li> <li>Documentation of HIPAA training: 1 hour</li> </ul> |
| <b>Professional Evaluations</b> | <ul style="list-style-type: none"> <li>None required</li> </ul>  | <ul style="list-style-type: none"> <li>Documentation of two (2) professional evaluations.</li> </ul>  |
| <b>Statement of Experience</b>  | <ul style="list-style-type: none"> <li>None required</li> </ul>  | <ul style="list-style-type: none"> <li>Submission of an essay on lived experience. Statement must be at least 250 words.</li> </ul>   |
| <b>Insurance Policy</b>         | <ul style="list-style-type: none"> <li>Documentation of limited liability insurance with a minimum coverage of \$1,000,000 per incident/\$3,000,000 aggregate.</li> </ul>  | <ul style="list-style-type: none"> <li>Documentation of limited liability insurance with a minimum coverage of \$1,000,000 per incident/\$3,000,000 aggregate.</li> </ul>                                       |
| <b>Recertification</b>          | <ul style="list-style-type: none"> <li>20 hours of relevant education</li> <li>One (1) documented birth</li> <li>Every three (3) years.</li> </ul>   | <ul style="list-style-type: none"> <li>20 hours of relevant education</li> <li>One (1) documented birth</li> <li>Every three (3) years.</li> </ul>  |

## DOULA WORK EXPERIENCE

### REGULAR DOULA

**REQUIRED:** Documentation of a total of three (3) births, of which one (1) the applicant is the primary doula providing labor support to the client within last three (3) years.

### LEGACY DOULA

**REQUIRED:** Documentation of a minimum of 15 clients within the last three (3) years. Documentation of nine (9) births attended within the last three (3) years.

**This is for the application process only. This is not required for providing ongoing doula services.**

**Acceptable documentation** of experience includes copies of client evaluations (page 9). Legacy Doulas must also complete the attestation and client list (page 8).

## EDUCATION/TRAINING

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### REGULAR DOULA

**REQUIRED:** Minimum of 16 total hours of birth and labor doula education which includes: lactation support, childbirth education, nonmedical comfort measures, prenatal support, labor support techniques, and postpartum support. Documentation of current CPR certification; certificate(s) must include competencies for adults and infants. Documentation of HIPAA training: 1 hour

### LEGACY DOULA

**REQUIRED:** Documentation of current CPR certification; certificate(s) must include competencies for adults and infants. Documentation of HIPAA training: 1 hour

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**Education is defined as** formal, structured instruction in the form of workshops, trainings, seminars, in-services, and online education.

**Education may be obtained** through any organization and may be obtained through multiple sources. Out of state education is acceptable.

**Education/training must be received within the last five years.**

There is **no limit to the amount of online education** that may be submitted.

**All education/training must be documented.**

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive** meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

## PROFESSIONAL EVALUATIONS

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### LEGACY DOULA ONLY

**REQUIRED:** Documentation of two (2) professional evaluations.

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**Two (2) professional evaluations (page 11) must be submitted with the application.** Evaluations must be completed by a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, and/or community-based organizations.

## STATEMENT OF LIVED EXPERIENCE

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### **LEGACY DOULA ONLY**

**REQUIRED:** Submission of an essay on lived experience. Statement must be at least 250 words.

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Statement must include motivation for being a doula and an example of experience.

## INSURANCE POLICY

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### **ALL APPLICANTS**

**REQUIRED:** Documentation of limited liability insurance with a minimum coverage of \$1,000,000 per incident/\$3,000,000 aggregate.

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Documentation of current and valid liability insurance. A copy of the insurance policy must be submitted with the application.

## BACKGROUND CHECK

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### **ALL APPLICANTS**

Required as part of Medicaid Enrollment process

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**Shared for awareness only. A background check will be required to enroll with the Delaware Medicaid Agency (DMMA) as a Medicaid provider.'**

The background check will be conducted via the [UEnroll](#) website utilizing the Service Codes for fingerprinting at an [IdentoGO](#) location or submitting cards via mail.

Fingerprint Locations: the [State Bureau of Identification](#) will be scheduling fingerprint appointments at 9 locations. Hours of operation at Delaware State Police sites and partner sites can be found on their website. Most partner sites offer extended hours, to include weekend hours. The State Bureau of Identification offer services in the following areas: Wilmington, Newark (x2), Middletown, Dover (x2), Milford, Georgetown, and Seaford.

## CERTIFICATION FEE

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**REQUIRED:** \$75 (fee must accompany certification application)

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment.

Fee payment information provided on page 7 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to DCB.

**Applications received without payment will not be processed.**

## APPLICATION INFORMATION

### GENERAL INFORMATION

Email addresses provided to DCB must be active accounts that are checked regularly. We will not be able to contact you without an email address. Please print legibly.

Applicants must either live or work in DE at the time of application.

### APPEAL PROCESS

The purpose of appeal is to determine if DCB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to DCB within 30 days of the notification of DCB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the DCB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

### REQUESTS TO CHANGE APPLICATION

Professionals who wish to have their application re-reviewed for another credential DCB offers prior to taking the examination or after an unsuccessful attempt at the examination will incur a \$50 application change/review fee.

### CERTIFICATION TIME PERIOD

Certification encompasses three calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

### RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every three years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# DOULA: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to DCB.

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the DCB Code of Ethical Conduct?  Yes  No  
*The Code of Ethical Conduct is located at [www.decertboard.org/ethics](http://www.decertboard.org/ethics).*

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_  
***REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.***

Secondary Email: \_\_\_\_\_

## DEMOGRAPHICS – OPTIONAL

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### Which best describes you?

- |   |  |
|---|--|
| <input type="checkbox"/> Asian or Pacific Islander        | <input type="checkbox"/> Multiracial or Biracial (please specify): _____ |
| <input type="checkbox"/> Black or African American        | <input type="checkbox"/> Not listed (please specify): _____              |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Prefer not to disclose                          |
| <input type="checkbox"/> Native American or Alaska Native |  |
| <input type="checkbox"/> White or Caucasian               |  |

### What is your yearly income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure

### Do you have military experience?

- Active duty
- Veteran
- National Guard
- Reserve
- Not Applicable

### Do you have a physical or mental disability?

- Yes
- Yes, please describe: \_\_\_\_\_
- No
- Prefer not to disclose

**Language(s) spoken fluently (check all that apply):**

- American Sign Language
- Arabic
- Chinese
- English
- French
- German
- Indigenous Language
- Italian
- Korean
- Polish
- Portuguese
- Russian
- Spanish
- Tagalog (Filipino)
- Vietnamese
- Other, please specify: \_\_\_\_\_

**What is the highest degree or level of school you have completed?**

*(If you're currently in school, please check the highest degree you have completed.)*

- High school degree or equivalent (e.g. GED)
- Trade, Technical or Vocational School
- Some college, no degree
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Master's degree (e.g. MA, MS, MEd)
- Professional degree (e.g. MD, DDS, DVM)
- Doctorate (e.g. PhD, EdD)

**How many children/teens do you have in your household?** \_\_\_\_\_

**Which best describes you?**

- Parent
- Single parent
- Grandparent
- Caregiver
- Foster parent
- None of the above
- Prefer not to disclose

**PAYMENT INFORMATION**

**FEE OF \$75 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check  Money Order  VISA  MasterCard  Discover  American Express

*Checks & Money Orders made payable to DCB*

- My employer/organization is mailing payment directly to DCB.

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

## DOULA: EDUCATION/TRAINING

### REGULAR DOULA

**REQUIRED:** Minimum of 16 total hours of birth and labor doula education which includes: lactation support, childbirth education, nonmedical comfort measures, prenatal support, labor support techniques, and postpartum support.

Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.

Documentation of HIPAA training: 1 hour

### LEGACY DOULA

**REQUIRED:** Documentation of current CPR certification; certificate(s) must include competencies for adults and infants.

Documentation of HIPAA training: 1 hour

I have included copies of training certificates.  Yes  No

## DOULA: STATEMENT OF LIVED EXPERIENCE

### LEGACY DOULA ONLY

**REQUIRED:** Submission of an essay on lived experience. Statement must be at least 250 words.

I have included a minimum of 250-word essay.  Yes  No

## DOULA: ATTESTATION OF EXPERIENCE

### LEGACY DOULA ONLY

**REQUIRED:** Documentation of a minimum of 15 clients within the last three (3) years.

I attest I have had a minimum of 15 clients within the last three (3) years.  Yes  No

List the name, date of service and email of each client. Nine of the fifteen clients must provide client evaluations (pg. 9).

|     | NAME  | DATE OF SERVICE | EMAIL |
|-----|-------|-----------------|-------|
| 1.  | _____ | _____           | _____ |
| 2.  | _____ | _____           | _____ |
| 3.  | _____ | _____           | _____ |
| 4.  | _____ | _____           | _____ |
| 5.  | _____ | _____           | _____ |
| 6.  | _____ | _____           | _____ |
| 7.  | _____ | _____           | _____ |
| 8.  | _____ | _____           | _____ |
| 9.  | _____ | _____           | _____ |
| 10. | _____ | _____           | _____ |
| 11. | _____ | _____           | _____ |
| 12. | _____ | _____           | _____ |
| 13. | _____ | _____           | _____ |
| 14. | _____ | _____           | _____ |
| 15. | _____ | _____           | _____ |



# DOULA CLIENT EVALUATION *COPY THIS PAGE FOR EACH CLIENT/FAMILY*

Copy this page for each client/family.

Name (First, Last): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Doula Name: \_\_\_\_\_ Baby(ies) Date of Birth: \_\_\_\_\_

Birth Location:  Hospital  Home Birth  Birth Center

Name of Hospital or Birth Center: \_\_\_\_\_

Type of Birth (check all that apply):  Vaginal  Cesarean  Medicated  Non-medicated

Thank you for your feedback. You may be contacted if the Delaware Certification Board feels that more information is needed.

Please put a check mark in the box if you **DO NOT** wish to be contacted about your experience or the results of this evaluation.

**Check each box as it applies to your experience working with the doula named above.**

| Description         |  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---------------------|--|----------------|-------|---------|----------|-------------------|----------------|
| Communication       | Doula stayed in contact with me regularly  |                |       |         |          |                   |                |
| Accessibility       | Doula was available to support me while pregnant (phone, video, text, email, in person)  |                |       |         |          |                   |                |
| Knowledge           | Doula knew how to best support by providing accurate information or resources. Doula educated me on what to expect in my birth, postpartum or loss |                |       |         |          |                   |                |
| Cultural Respect    | Doula acknowledged or respected my racial and/or cultural needs  |                |       |         |          |                   |                |
| Lactation           | Doula was able to help me latch my baby to initiate breastfeeding/chestfeeding   |                |       |         |          |                   |                |
| Policy & Procedures | Doula helped me to understand hospital policy and procedures   |                |       |         |          |                   |                |
| Advocacy            | Doula advocated for my care and/or educated me on how to advocate for myself   |                |       |         |          |                   |                |
| Confidentiality     | Doula protected my private information and health and/or provided a confidentiality agreement  |                |       |         |          |                   |                |
| Safety              | Doula took safety precautions such as hand washing, use of PPE (face masks, gloves, etc.)  |                |       |         |          |                   |                |



# DOULA PROFESSIONAL EVALUATION *COPY THIS PAGE FOR EACH PROFESSIONAL*

Evaluations must be completed by a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, and/or community-based organizations. Copy this page for each professional.

Name (First, Last): \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Doula Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Facility/Practice Name: \_\_\_\_\_

Facility/Practice Location: \_\_\_\_\_

Type of Birth (check all that apply):  Vaginal  Cesarean  Medicated  Non-medicated

How long have you worked with the doula and in what capacity?

Would you work with the doula again? Please describe your answer.

Thank you for your feedback. You may be contacted if the Delaware Certification Board feels that more information is needed.

Please put a check mark in the box if you **DO NOT** wish to be contacted about your experience or the results of this evaluation.

**Check each box as it applies to your experience working with the doula named above.**

|                     | Description  | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree | Not Applicable |
|---------------------|--|----------------|-------|---------|----------|-------------------|----------------|
| Communication       | Doula stayed in contact with me regularly  |                |       |         |          |                   |                |
| Knowledge           | Doula knew how to support and educate the client by providing accurate information or resources. |                |       |         |          |                   |                |
| Cultural Respect    | Doula acknowledged or respected racial and/or cultural needs.                                    |                |       |         |          |                   |                |
| Policy & Procedures | Doula understood policy and procedures of the facility/practice.                                 |                |       |         |          |                   |                |
| Advocacy            | Doula advocated for their client and/or educated them on how to advocate for themselves.         |                |       |         |          |                   |                |
| Confidentiality     | Doula protected the client's private information.  |                |       |         |          |                   |                |
| Safety              | Doula took safety precautions such as hand washing, use of PPE (face masks, gloves, etc.)        |                |       |         |          |                   |                |
| Professionalism     | I would work with the doula again.   |                |       |         |          |                   |                |
| Comfort Skills      | The doulas was competent and proficient providing comfort to the client.                         |                |       |         |          |                   |                |



# DOULA: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Delaware Certification Board (DCB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the DCB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by DCB to officers, members, and staff of the aforementioned Board;
- I consent to authorize DCB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to DCB before, during, or after application for certification is made will be investigated by DCB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I am a childbirth doula.

\_\_\_\_\_ I am obtaining this credential for Medicaid reimbursement only.

\_\_\_\_\_ I understand the credential is not a certification of education or verification of education.

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I either live or work in Delaware

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**

# DOULA: CHECKLIST

Applicant Name: \_\_\_\_\_

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.**

| REQUIREMENT                         | DOCUMENTATION  | ✓ |
|-------------------------------------|--|---|
| Application page with payment       | <ul style="list-style-type: none"> <li>Page 6 &amp;7</li> </ul>                                  |   |
| Education/Training                  | <ul style="list-style-type: none"> <li>Page 8, if applicable</li> </ul>                          |   |
| Statement of Experience             | <ul style="list-style-type: none"> <li>Page 8, if applicable</li> </ul>                          |   |
| Client Attestation/List             | <ul style="list-style-type: none"> <li>Page 8, if applicable</li> </ul>                          |   |
| Client Evaluations                  | <ul style="list-style-type: none"> <li>Page 9-10</li> </ul>                                      |   |
| Professional Evaluations            | <ul style="list-style-type: none"> <li>Page 11-12, if applicable</li> </ul>                      |   |
| Acknowledgement & Release page      | <ul style="list-style-type: none"> <li>Page 13, notarized</li> </ul>                             |   |
| Insurance Policy                    | <ul style="list-style-type: none"> <li>Copy included with application</li> </ul>                 |   |
| Checklist page                      | <ul style="list-style-type: none"> <li>Page 14</li> </ul>  |   |
| Disciplinary Actions?               | <ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul> |   |
| Company paying fee?                 | <ul style="list-style-type: none"> <li>Include applicant name on payment</li> </ul>              |   |
| Copy entire application for records |  |   |

## TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

- 1. Mail:** DCB, 298 S. Progress Avenue, Harrisburg, PA 17109
- 2. Email:** [info@decertboard.org](mailto:info@decertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
- 3. Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@decertboard.org](mailto:info@decertboard.org).*

**I acknowledge, that to the best of my ability, I have submitted a completed application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_