

# Doula Provider Attestation

## Utah Medicaid

**Provider's name:** \_\_\_\_\_

**National Provider Identifier (NPI):** \_\_\_\_\_

**Provider email address for attestation follow-up:** \_\_\_\_\_

**I attest that I have licensing, credentials, experience and/or training as indicated below.**

I am pursuing enrollment through the: (check one)

☐ Certification Pathway

☐ Experience Pathway

### Directions for providers:

Complete all attestations in the pathway section checked above and then sign under the statement of attestation at the end of this form.

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### Certification Pathway

There are 4 attestations required. Complete each attestation and sign under the statement of attestation at the end of the form.

1. I attest that I have received training as a doula from one of the department-approved training organizations.  
Certifying organization: \_\_\_\_\_  
Date completed: \_\_\_\_\_ Number of training hours completed: \_\_\_\_\_
2. I attest that I have attended at least 3 births (not including my own) within the last 5 years.

Date of birth	Name of attending provider	Email for provider

3. I attest that I have current CPR training credentials and will maintain this credential for the duration of my enrollment as a doula with Utah Medicaid.  
Date completed: \_\_\_\_\_
4. I attest to follow the Doula Code of Conduct. Sign under the statement of attestation at the end of the form.  
Date completed: \_\_\_\_\_

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### Experience Pathway

There are 5 attestations required. Complete each attestation and sign under the statement of attestation at the end of the form.

1. I attest that I have attended at least 10 births in my role as a doula and at least 5 of those births have been in the past 2 years.

Date of birth	Name of attending provider	Email for provider

2. I attest that I have 4 letters of recommendation. Two letters of recommendation must be from clinical members of the birth team (e.g., nurse, nurse practitioner, midwife, obstetrician) for a previously attended birth, and 2 letters of recommendation are from previous clients.

Date completed: \_\_\_\_\_

**Birth team letter #1**

Name: \_\_\_\_\_ Date of birth attended: \_\_\_\_\_

**Birth team letter #2**

Name: \_\_\_\_\_ Date of birth attended: \_\_\_\_\_

**Client letter #1**

Name: \_\_\_\_\_ Date of birth attended: \_\_\_\_\_

**Client letter #2**

Name: \_\_\_\_\_ Date of birth attended: \_\_\_\_\_

3. I attest that I have current CPR training credentials and will maintain this credential for the duration of my enrollment as a doula with Utah Medicaid.

Date completed: \_\_\_\_\_

4. I attest to follow the Doula Code of Conduct. Sign under the statement of attestation at the end of the form.

Date completed: \_\_\_\_\_

5. As a doula applying for inclusion in the Utah Medicaid Doula program, I attest to having knowledge and competency in the following areas. (Initial to indicate competency.)

\_\_\_\_Pregnancy/perinatal support

\_\_\_\_Childbirth education

- \_\_\_\_\_Anatomy of pregnancy, childbirth and postpartum
  - \_\_\_\_\_Non-medical comfort measures
  - \_\_\_\_\_Labor support techniques
  - \_\_\_\_\_Newborn/infant care
  - \_\_\_\_\_Feeding/lactation support
  - \_\_\_\_\_Postpartum/recovery support
  - \_\_\_\_\_Family/partner support
  - \_\_\_\_\_Developing a community resource list
  - \_\_\_\_\_Trauma-informed care
  - \_\_\_\_\_Diversity, equity, and inclusion (cultural sensitivity)
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### Statement of attestation

I hereby affirm that the information contained herein is current and complete and is furnished in good faith. I understand that omissions or misrepresentations may be cause for denial of my application or removal from the Utah Medicaid Doula program. I understand that it is my responsibility to provide appropriate documentation, as requested, to meet the requirements.

**Provider's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_