



## **DOULA CLIENT AND PROFESSIONAL RECOMMENDATION FORMS \***

*(For enrollment as a New York State Medicaid Perinatal Doula Services Provider)*

**\* REQUIRED FOR WORK EXPERIENCE PATHWAY ONLY**

### **NYS DEPARTMENT OF HEALTH ENROLLMENT FORM INSTRUCTIONS:**

- Applicants are required to use the NYS Department of Health enrollment forms.
- Enrollment forms can be completed electronically except for initials and signatures. Initials and signatures must be in ink. Electronic initials and signatures will not be accepted.

### **DOULA CLIENT AND PROFESSIONAL RECOMMENDATION INSTRUCTIONS:**

- Doula services applicants must submit three completed client and/or professional recommendation forms with their enrollment application.
- These forms must be completed by three different individuals.
- The Client Recommendation Forms must be completed by individuals who received doula services from the doula services provider applicant.
- The Professional Recommendation Forms must be completed by individuals who have professional experience observing the doula applicant functioning in a doula role and are in good professional standing. The form must be completed by any of the following: physician, licensed behavioral health provider, nurse practitioner, licensed midwife, doula, or leadership/management representative of a community-based organization.
- Forms need to be dated and signed within one year of the applicant's date of submission of the forms.



## DOULA CLIENT RECOMMENDATION FORM

First and Last Name of Doula Services Applicant:

NPI Number:

Must be completed by the doula's client:

Client Recommendation	
I, <input type="text"/>	, received doula services from
(first and last name)	
<input type="text"/>	beginning on <input type="text"/>
(doula's first and last name)	(first date of service) and
ending on <input type="text"/>	. Based on the doula support I received, I
(last date of service)	
recommend this doula as a New York State Medicaid doula services provider.	
Client's Signature: _____	
Date: <input type="text"/>	

**Note: This client recommendation is valid for one year following the date of the client's signature.**



## DOULA PROFESSIONAL RECOMMENDATION FORM

**First and Last Name of Doula Services Applicant:**

**NPI Number:**

**Must be completed by the professional providing the recommendation:**

### Professional Recommendation

I, , have worked in a professional capacity with  
(first and last name)

, who was functioning in a doula role. I have worked  
(doula's first and last name)

with this person and observed their skills as a doula starting on .  
(month/year)

Based on my experience working with this individual, I recommend this doula as a New York State Medicaid doula services provider.

I attest that I am in good professional standing as of the date of signature.

Profession of Individual Providing Recommendation:

License Number (if applicable):

Professional's Signature: \_\_\_\_\_

Date:

**Note: This professional recommendation is valid for one year following the date of the professional's signature.**