



DOULA ATTESTATION FORM*

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

*** REQUIRED FOR ALL Perinatal Doula Services Provider APPLICANTS**

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.

ALL APPLICANTS MUST MEET THE FOLLOWING REQUIREMENTS:

- Possess a National Provider Identification Number (NPI)
- Be age 18 or older
- Possess current Adult and Infant CPR certification
- Possess current doula-specific liability insurance coverage
- Complete the New York State Medicaid Fee-for-Service Doula Directory Form. The form can be found here:
 - <https://forms.office.com/g/Qupri80Zin>
- Become familiar with the Health Insurance Portability and Accountability Act (HIPAA). HIPAA is a federal law that created national standards to protect sensitive patient health information from being shared without the patient's consent or knowledge. All NYS Medicaid-enrolled providers must comply with current HIPAA requirements and standards. For more information, applicants can review HIPAA information on eMedNY.org:
 - https://www.emedny.org/hipaa/5010/online_resources.aspx
- Qualify for enrollment under the Training Pathway or Work Experience Pathway
- Complete the Doula Attestation Form and all other required forms

LOCATE DOULA ATTESTATION FORM INSTRUCTIONS ON FOLLOWING PAGE



DOULA ATTESTATION FORM INSTRUCTIONS:

- **All** doula applicants must complete Part A of this form

- **Training Pathway** applicants must:
 1. Meet all the Training Pathway requirements,
 2. Complete Part B of this form,
 3. Complete Part B Addendum on this form only if additional training was completed to meet the minimum of 24 hours of training and/or the required competencies, and
 4. Submit a copy of all completed doula training certificate(s). If the doula training organization that provided doula training does not provide a certificate of completion, a signed and dated letter on the doula training organization's letterhead stating the doula has completed a doula training course can be substituted for a certificate.

- **Work Experience Pathway** applicants must:
 1. Meet all the Work Experience Pathway requirements,
 2. Complete Part C on this form, and
 3. Submit three different completed Client and/or Professional Recommendation Forms.



PART A

REQUIRED FOR ALL DOULA APPLICANTS

I, , attest that I have fulfilled the following requirements to enroll as a New York State Medicaid doula services provider. I am providing my initials on each line in ink below to indicate I meet the following requirements:

- _____ Age 18 or older
- _____ Possess current CPR certification for Adults and Infants
- _____ Possess current doula-specific liability coverage policy

I, , attest that I have completed the New York State Medicaid Fee-for-Service Doula Directory Form to be added to the New York State Medicaid Fee-for-Service Doula Directory. The information I provided is accurate and up-to-date. I acknowledge that the information I shared will be posted publicly to the NYS DOH website once I am enrolled as a NYS Medicaid Doula Services Provider. I will update the Directory Form each time my information changes.

I, , attest that I am aware of HIPAA regulations and that as a NYS Medicaid-enrolled provider, I am a covered entity and must comply with these regulations.

First and Last Name of Doula Services Applicant:

NPI:

Signature of Doula Services Applicant

Date:



PART B

REQUIRED FOR TRAINING PATHWAY ONLY

I, , hereby attest to having provided doula support at a
 (first and last name)

minimum of three births and completing a minimum of 24 hours of training in the following required doula competencies:

Twenty hours of training on the following core competencies:

- Foundations on anatomy of pregnancy and childbirth;
- Labor support techniques and nonmedical comfort measures;
- Common medical interventions: risks, benefits, and decision-making;
- Prenatal and postpartum education and support;
- Lactation support, education and infant feeding; and
- Scope of practice;

Four hours of training on the following broader competencies:

- Cultural awareness/humility and cross-cultural communication;
- Health equity in medical field, especially reproductive health;
- Person-centered and trauma-informed care; and
- Community-based knowledge and facilitating connection to resources;

Name of Doula Training Organization:

Address of Doula Training Organization:

Phone Number of Doula Training Organization:

Date of Completion of Doula Training:

I attest that I am including a copy of the training certificate or, if not available, a letter from the doula organization noting completion. I certify that the information on this form is accurate to the best of my knowledge.

First and Last Name of Doula Services Applicant:

Signature of Doula Services Applicant _____

Date:



PART B ADDENDUM

**REQUIRED FOR TRAINING PATHWAY ONLY IF ADDITIONAL TRAINING
COMPLETED TO MEET TRAINING PATHWAY REQUIREMENTS**

I, , hereby attest to taking additional doula training to
(first and last name)

meet the minimum of 24 hours of training and/or the required doula competencies.

Name of Doula Training Organization:

Address of Doula Training Organization:

Phone Number of Doula Training Organization:

Date of Completion of Doula Training:

I attest that I am including a copy of each training I completed to meet the training pathway requirements or, if not available, a letter(s) from the doula organization noting completion. I certify that the information on this form is accurate to the best of my knowledge.

First and Last Name of Doula Services Applicant:

Signature of Doula Services Applicant

Date:



PART C

REQUIRED FOR WORK EXPERIENCE PATHWAY ONLY

I, , hereby attest to having provided doula support at a
(first and last name)
minimum of 30 births or 1,000 hours of doula experience in either a volunteer or paid
capacity within the last ten years, and to possessing skills in prenatal, labor, and postpartum
care.

**I attest that I am providing copies of three different client and/or professional
recommendations. These recommendations have been completed using the form
provided by the NYS Department of Health and were signed within one year of this
application. I certify that the information on this form is accurate to the best of my
knowledge.**

First and Last Name of Doula Services Applicant:

Signature of Doula Services Applicant

Date: