

# **Doula Training Attestation**

*(For Doulas seeking enrollment as a New York State Medicaid Provider)*

**This attestation form must be completed by the individual applying for enrollment in the NYS Medicaid Program as a doula provider.**

I, \_\_\_\_\_, hereby attest to receiving, at a minimum,  
(print your name)

the below doula training from \_\_\_\_\_  
(print name of doula training organization)

\_\_\_\_\_  
(print address of doula training organization)

\_\_\_\_\_  
(phone# of doula training organization)

The minimum doula training requirements:

- At least 24 contact hours of education that includes any combination of childbirth education, birth doula training, antepartum doula training, and postpartum doula training.
- Attendance at a minimum of one (1) breastfeeding class.
- Attendance at a minimum of two (2) childbirth classes.
- Attendance at a minimum of two (2) births.
- Submission of one (1) position paper/essay surrounding the role of doulas in the birthing process.
- Completion of cultural competency training.
- Completion of a doula proficiency exam.
- Completion of HIPAA / client confidentiality training.

Date of completion of doula training: \_\_\_\_\_

If applicable, the date re-certification is required: \_\_\_\_\_

I certify that the information on this form is correct and accurate to the best of my knowledge.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature (of applicant/provider)

\_\_\_\_\_  
Date

**Please submit this completed attestation form and your doula training certificate\* with your completed New York State Medicaid provider enrollment forms to:**

**Mailing Address**

Bureau of Provider Enrollment  
Attention: Doula Enrollment  
431 Broadway - Room A129  
Albany, NY 12204

**\*NOTE: If the doula training organization that provided your doula training does not provide a certificate of completion, a signed and dated letter on the doula training organization's letterhead stating you have completed a doula training course can be substituted for a certificate.**