**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.**