



# CPD APPLICATION

**LEGACY APPLICATION OCTOBER 5, 2021 – MAY 5, 2022**

## Certified Perinatal Doula

### APPLICATION INSTRUCTIONS – READ CAREFULLY

Prior to applying, all requirements must be met and documented.

**Do not apply until all requirements are met.**

**TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:**

1. **Mail:** RICB, 298 S. Progress Avenue, Harrisburg, PA 17109
2. **Email:** [info@ricertboard.org](mailto:info@ricertboard.org) *NOTE: Only PDFs are permitted. Photos of applications are not accepted.*
3. **Fax:** 717-540-4458 *NOTE: faxing is an unreliable technology. Receiving a confirmation of fax does not indicate it has been received. To confirm receipt of application, email [info@ricertboard.org](mailto:info@ricertboard.org).*

### REVIEW & APPROVAL PROCESS

1. Application submitted to RICB. To confirm receipt of application, email RICB at the above email address.
2. Staff reviews application. Allow up to 10 business days for review and processing.
3. Applicant will be emailed if there is any documentation missing or there are questions regarding an application. Applications with pending problems will be held open for one year from date of receipt after which they will be closed.
4. If you have not heard from RICB regarding your application after 10 business days, email [info@ricertboard.org](mailto:info@ricertboard.org).
5. A certificate will be mailed to you within 10 business days.

### ROLE OF THE PERINATAL DOULA

Doula or perinatal doula means a trained professional providing continuous physical, emotional, and informational support to a pregnant individual, from antepartum, intrapartum, and up to the first twelve (12) months of the postpartum period. Doulas also provide assistance by referring childbearing individuals to community-based organizations and certified and licensed perinatal professionals in multiple disciplines.

Certification is not required to practice as a doula in Rhode Island. The purpose of this credential is to provide certification for doulas who plan to accept insurance reimbursement and will be required for contracting with Medicaid and private insurance per RI SB484: An Act Related To Human Services - Medical Assistance - Perinatal Doula Services. There is no certification requirement or regulation to restrict uncertified doulas from supporting families in hospital settings.

# CERTIFIED PERINATAL DOULA REQUIREMENTS

All requirements below must be met to apply. All required documentation must be sent in with an application except for the official college transcript which is sent to RICB directly prior to application.

## DOMAINS

1. Birth Care
2. Postpartum Care
3. Loss, Bereavement and Termination
4. Advocacy
5. Cultural Competency
6. Communication, Interpersonal and Professional Skills
7. Safety and Self-Care
8. Professional and Ethical Responsibility

## EDUCATION/TRAINING

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**REQUIRED:** 20 total hours of relevant education/training to the Certified Perinatal Doula domains.

**12** hours must be in birth doula training, antepartum doula training, postpartum doula training and/or childbirth education. At least one training must be a doula training.

**2** hours must be in breastfeeding or document a valid lactation certification.

**2** hours must be attendance at a childbirth class or document a valid childbirth education certification.

**3** hours must be in cultural competency.

**1** hour must be in HIPAA/client confidentiality.

**REQUIRED:** Documentation of current CPR certification. Certificate(s) must include competencies for adults and infants, **AND** documentation of current SafeServ certification for meal preparation.

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**Education is defined as** formal, structured instruction in the form of workshops, trainings, seminars, in-services, college/university credit courses, and online education.

There is **no time limit** on when the education/training was received. NOTE: when the Legacy period concludes, all training/education will be required to be obtained within the last three years prior to the date of the application.

There is **no limit to the amount of online education** that may be submitted.

**All education/training must be documented.** College courses are documented with an official college transcript. Trainings are documented with copies of training certificates.

Training certificates must have the applicant's name, title of training, date(s) of training, the number of hours being awarded, and the name of training organization. Training certificates submitted without this required information on them will not be accepted.

If a training title on a certificate of attendance does not clearly indicate the education content, attach a copy of the training description.

Training registration forms and/or training sign-in sheets are not acceptable forms of documentation.

**Training must be non-repetitive** meaning the same training cannot be claimed more than one time even if the training is taken on different dates from different providers.

Official employer training tracking system/learning management system reports may be acceptable forms of documentation for education/training provided that the report contains the name of the employee/applicant, titles of each training, dates of each training, the number of hours of each training, and is signed by the applicant's supervisor.

## CERTIFICATION FEE

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**REQUIRED:** \$50.00 (fee must accompany certification application)

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The **fee may be paid** by check, money order or with VISA, MasterCard, Discover or American Express.

If an employer or organization is paying the fee, they must include the applicants name with the payment. Fee payment information provided on page 5 of this application. E-receipts will be sent if using a credit card for payment. Receipts for check or money order payments must be requested by applicant to RICB.

**Applications received without payment will not be processed.** One-half of the fee is refundable if application is denied.

## APPLICATION INFORMATION

### GENERAL INFORMATION

Email addresses provided to RICB must be active accounts that are checked regularly. We will not be able to contact you or register you for the examination without an email address. Please print legibly.

Applicants must either live or work in RI at the time of application.

### APPEAL PROCESS

The purpose of appeal is to determine if RICB accurately reviewed an application that is denied. A letter requesting an appeal must be sent to RICB within 30 days of the notification of RICB's action. An applicant shall be considered notified three days after the relevant date of mailing. The appeal will be sent to the RICB Executive Committee who will thoroughly review the entire application and materials to determine whether or not applicant should have been denied approval. The applicant will be notified in writing as to the findings of the Executive Committee.

### FELONIES & DISCIPLINARY ACTIONS

While felonies and disciplinary actions from other certification/licensing entities may not prohibit certification, documentation is required to be submitted at the time of application. Certification through RICB does not mean a professional should not disclose this information to potential employers and does not in any way exonerate charges.

### CERTIFICATION TIME PERIOD

Certification encompasses two calendar years beginning on the date the application is approved. The certificate issued to the professional lists the following information: name of professional, credential name, date of issue, date of expiration and certification number.

### RECERTIFICATION

To maintain the high standards of professional practice and to assure continuing awareness of new knowledge in the field, the Board requires recertification every two years. Professionals should review the Recertification Application for credential specific requirements listed on the Board website well in advance of their expiration date.

# CERTIFIED PERINATAL DOULA: APPLICANT INFORMATION

Application can be completed and saved. You may then print the appropriate pages to submit to RICB.

## TYPE OR PRINT LEGIBLY

Today's Date (mm/dd/yyyy): \_\_\_\_\_

Applicant Name: \_\_\_\_\_  
*Print your name as it should appear on your certificate. Credentials and degrees will not be printed.*

Date of Birth (mm/dd/yyyy): \_\_\_\_\_ SSN (last four): \_\_\_\_\_

Have you ever received any disciplinary action from another certification/licensing authority?  Yes  No  
*If yes, provide full details on a separate sheet.*

Have you read and understood the RICB Code of Ethical Conduct for Perinatal Doulas?  Yes  No  
*The Code of Ethical Conduct is located at [www.ricertboard.org/ethics](http://www.ricertboard.org/ethics).*

## CONTACT INFORMATION

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Primary Email: \_\_\_\_\_  
**REQUIRED: PRINT LEGIBLY: EMAIL IS OUR PRIMARY WAY OF COMMUNICATING WITH YOU.**

Secondary Email: \_\_\_\_\_

## DEMOGRAPHICS

*Data is never released with identifying information. It is used to report workforce data to state and federal agencies.*

### What is your gender?

- Female
- Male
- Nonbinary
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Do you identify as transgender?

- Yes
- No
- Prefer not to disclose

### How do you describe your sexual orientation or sexual identity?

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Queer
- Questioning or unsure
- Prefer to self-describe: \_\_\_\_\_
- Prefer not to disclose

### Which best describes you?

- Asian or Pacific Islander
- Black or African American
- Hispanic or Latino
- Native American or Alaska Native
- White or Caucasian
- Multiracial or Biracial (please specify): \_\_\_\_\_
- Not listed (please specify): \_\_\_\_\_
- Prefer not to disclose

**What is your yearly income?**

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- Over \$100,000
- Unsure
- Prefer not to disclose

**Do you have military experience?**

- Active duty
- Veteran
- Not Applicable

**Language(s) spoken fluently (check all that apply):**

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> American Sign Language</li> <li><input type="checkbox"/> Arabic</li> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> English</li> <li><input type="checkbox"/> French</li> <li><input type="checkbox"/> German</li> <li><input type="checkbox"/> Indigenous Language</li> <li><input type="checkbox"/> Italian</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Polish</li> <li><input type="checkbox"/> Portuguese</li> <li><input type="checkbox"/> Russian</li> <li><input type="checkbox"/> Spanish</li> <li><input type="checkbox"/> Tagalog (Filipino)</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Other, please specify: _____</li> </ul> |
|--|--|

**Employment plans for the next two years (check all that apply):**

- Obtain full time employment/Increase hours
- Obtain part-time employment/Decrease hours
- No change
- Retire
- Move to a different career/field
- Unknown

**PAYMENT INFORMATION**

**FEE OF \$50 CAN BE PAID USING ONE OF THE FOLLOWING (CHECK ONE):**

- Check  Money Order  VISA  MasterCard  Discover  American Express
- Checks & Money Orders made payable to RICB*
- My employer/organization is mailing payment directly to RICB.

Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Sec. Code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing address: \_\_\_\_\_  
*(If different than Home Address)*

Email for receipt *(if paying by credit card only)*: \_\_\_\_\_

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I have included copies of training certificates.  Yes  No

I have included a copy of my training tracking system/learning management system report.  Yes  No

My college transcript provides all or some of the relevant education.  Yes  No

# CERTIFIED PERINATAL DOULA: ACKNOWLEDGEMENTS & RELEASE

*This page must be completed by the applicant. It must be notarized and submitted with the application.*

## RELEASE

I request that the Rhode Island Certification Board (RICB) grant the credential to me based on the following assurances and documentation:

- I subscribe to and commit myself to professional conduct in keeping with the RICB Code of Ethical Conduct;
- I certify that the information given herein is true and complete to the best of my knowledge and belief. I also authorize any necessary investigation and the release of information relative to my application;
- Falsification of any documents will nullify this application and will result in denial or revocation of certification;
- I consent to the release of information contained in my application and any other pertinent data submitted to or collected by RICB to officers, members, and staff of the aforementioned Board;
- I consent to authorize RICB to gather information from third parties regarding education, employment and/or supervision and understand that such communication shall be treated as confidential;
- Allegations of ethical misconduct reported to RICB before, during, or after application for certification is made will be investigated by RICB and could result in the nullification of the application or denial or revocation of certification.

## INITIAL EACH STATEMENT

\_\_\_\_\_ I have read and understood this Acknowledgements and Release.

\_\_\_\_\_ I either live or work in Rhode Island at least 51% of the time.

\_\_\_\_\_ I understand one-half of the application fee is refundable if application is denied.

\_\_\_\_\_ I understand that my application is open for a period of one year after the date of review. If I fail to fulfill all certification requirements within that year, the application will be closed, and no refund will be issued.

\_\_\_\_\_ I understand that if I request to have my application re-reviewed for another credential RICB offers, I will incur a \$50 change/review fee.

Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME LEGIBLY

## NOTARY PUBLIC ONLY

Name: \_\_\_\_\_ Date: \_\_\_\_\_

I attest that I am a notary public and the above-named applicant satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged that they executed the same for the purposes therein contained. In witness whereof, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public Signature **SEAL:**

# CERTIFIED PERINATAL DOULA: CHECKLIST

Applicant Name: \_\_\_\_\_

Page must be completed and submitted with the application. Do not submit your application until checklist is reviewed, completed and all documentation is compiled.

Prior to applying, all requirements must be met and documented. Use the table below as a guide for gathering documentation.

**Do not submit any documentation with an application that is not listed on the table or the application unless specifically instructed by a staff member. Do not apply until all requirements are met.**

REQUIREMENT	DOCUMENTATION	✓
Application page with payment	<ul style="list-style-type: none"> <li>Page 4 &amp; 5</li> </ul>	
Education	<ul style="list-style-type: none"> <li>Copies of training certificates (if applicable)</li> <li>Page 6</li> </ul>	
Notarized Acknowledgement & Release page	<ul style="list-style-type: none"> <li>Page 7</li> </ul>	
Checklist page	<ul style="list-style-type: none"> <li>Page 8</li> </ul>	
Disciplinary Actions?	<ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul>	
Convicted of a felony?	<ul style="list-style-type: none"> <li>Include letter of explanation with application</li> </ul>	
Company paying fee?	<ul style="list-style-type: none"> <li>Include applicant name on payment</li> </ul>	
Copy entire application for records		

## TO SUBMIT AN APPLICATION, CHOOSE ONE OF THE FOLLOWING:

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**I acknowledge, that to the best of my ability, I have submitted a completed application.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_