



Birth Doula Credentialing
PO Box 47877
Olympia, WA 98504-7877
360-236-4700

Birth Doula Certification Letter of Recommendation

Instructions: Three written client testimonial letters or letters of recommendation from profession-related leaders or peers are required. Letters must be completed on this template and written within the last five years. One letter must be from either a licensed provider, a community-based organization, or a practicing birth doula or midwife.

Applicant's Name _____

To be completed by recommender:

I have known the applicant for approximately: _____ years _____ months

My relationship to the applicant was (or is) in the following capacity:

- Peer Client Profession Related Leader Licensed Provider
- Practicing Doula or Midwife

I hereby certify that I am licensed and in good standing in the state of _____.

My license type number is: _____

I further certify that I have been personally acquainted with _____ and that to the best of my knowledge, I believe he or she is of good moral and professional character. I confirm that he or she is free from habits liable to interfere with his or her professional services.

Remarks: _____

Print Name: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Daytime Phone (enter 10 digit #): _____

Signature: _____ Date: _____