



## **Birth Doula Training Program Approval Application Packet Contents:**

1. 679-164 ..... Contents List and Mailing Information..... 1 page
2. 679-165 ..... Application Instructions ..... 1 page
3. 679-166 ..... Birth Doula Training Program Approval Application ..... 2 pages
4. 679-167 ..... Birth Doula Training Program Course Form..... 1 page
5. RCW/WAC and Online Website Links..... 1 page

### **Mail your completed application with documents to:**

Birth Doula Training Program  
P.O. Box 47877  
Olympia, WA 98504-7877

### **Or email to:**

[birthdoula@doh.wa.gov](mailto:birthdoula@doh.wa.gov)

### **Contact us:**

360-236-4700

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email [civil.rights@doh.wa.gov](mailto:civil.rights@doh.wa.gov).

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## Application Instructions Checklist

To expedite the review process, thoroughly review the following information and use the checklist to make sure all the required documents are submitted:

- All information must be typed or printed clearly in blue or black ink. You will be notified in writing of any outstanding documentation needed to complete the process.
- Attached course syllabus for each course listed on Birth Doula Training Program Course form.
- The application and documents are reviewed by program staff. The reviewer will contact the program representative if there are any minor deficiencies that can be easily corrected.

### Use the following checklist to help guide you through the application:

**Legal Entity Type:** check your legal owner/operator business structure type according to your Washington State Master Business License. Additional information is on the [Department of Revenue website](#).

**1. Demographic Information:**  
**Uniform Business Identifier Number (UBI number):** Enter your Washington state UBI number. All Washington State businesses must have UBI numbers. City, county, and state government departments also have UBI numbers.

**Federal ID Number (FEIN number):** Enter your Federal ID Number, if the business has been issued one.

**Legal Owner/Operator Name:** Enter the owner's name as it appears on the UBI/Master Business License.

**Mailing Address:** Enter the owner's complete mailing address.

**Phone, Fax and Cell Numbers:** Enter the owner's phone, cell, and fax numbers.

**Email and Web Address:** Enter the owner's email and facility Web addresses, if applicable.

**Facility/Agency Name:** Enter the facility's name as advertised on signs, brochures, or Web site.

**Physical Address:** Enter the facility's physical street location including city, state, ZIP code, and county.

**Phone, Fax and Cell Numbers:** Enter the facility's phone, cell, and fax numbers.

**Mailing Address:** Enter the facility's mailing address, if different from the physical address.

**Authorized Representative Name:** Enter the facility's authorized representative's name.

**Authorized Representative Phone and Email:** Enter the authorized representatives email and phone.

**2. Program Representative Attestation:**  
The authorized program representative must sign and date this application.

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## Birth Doula Certification Training Program Application

### Legal Entity Type

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Association                   | <input type="checkbox"/> Limited Partnership    | <input type="checkbox"/> Sole Proprietor          |
| <input type="checkbox"/> Corporation                   | <input type="checkbox"/> Municipality (City)    | <input type="checkbox"/> State Government Agency  |
| <input type="checkbox"/> Federal Government Agency     | <input type="checkbox"/> Municipality (County)  | <input type="checkbox"/> Tribal Government Agency |
| <input type="checkbox"/> Limited Liability Company     | <input type="checkbox"/> Non-Profit Corporation | <input type="checkbox"/> Trust                    |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Partnership            |   |

### 1. Demographic Information

UBI number		Federal Tax ID (FEIN) number		
Legal Owner/Operator Name				
Mailing Address				
City	State	ZIP Code	County	
School or Program Name (Business name as advertised on signs or Web site)				
Physical Address				
City	State	ZIP Code	County	
Phone (enter 10-digit number)	Cell (enter 10-digit number)		Fax (enter 10-digit number)	
Mailing Address				
City	State	ZIP Code	County	
Program Web Address				

## 2. Program Representative Attestation:

I attest that I am the authorized representative of the above-named school or program, and that I am submitting this application for approval by the Washington State Department of Health in that capacity. I have become familiar with the laws relating to Birth Doulas in chapter [18.47 RCW](#) and chapter [246-835 WAC](#).

I attest that I will submit a new training program application when the program or course changes.

Name of Authorized Representative	Title
Signature of Authorized Representative	Date (mm/dd/yyyy)
Authorized Representative Email	Authorized Representative Phone



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

## Birth Doula Training Program Courses

**Attach additional sheets if necessary**

Name of Program or School	Total Program Hours
<b>Subject Area</b> <a href="#">WAC 246-835-020</a>	
<b>Key Principle</b>	<b>Title of Course</b> List course title next to key principle where topic is included in course. (Attach course description and syllabus for each course.)
Role of a birth doula	
Prenatal and birth care	
Postpartum care	
Communication and interpersonal skills	
Doula safety and self-care	
Birth justice and advocacy	
<b>Please include any additional courses included in your program not listed within required key principles.</b>	
<b>Other Key Principle</b>	<b>Title of Course</b> (Attach course description and syllabus for each course)

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## **RCW/WAC and Online Website Links**

### **RCW/WAC Links**

[Chapter 18.47 RCW, Birth Doulas](#)

[Chapter 246-835 WAC, Birth Doulas](#)

[Chapter 34.05 RCW, Administrative Procedure Act](#)

[Chapter 246-12 WAC, Administrative Procedures and Requirements for  
Credentialed Health Care Providers](#)

### **Online**

[Birth Doula Web Site](#)

[Birth Doula Frequently Asked Questions](#)