

Birth Doula State Registry Application Checklist

You must send this form with your Traditional Health Worker (THW) Application when applying for OHA certification as a THW birth doula. Be sure to send all the items listed below and sign the statements below relevant to your application type.

This form includes the checklist for new applications, as well as Legacy applications.

Doula Contact Information

Applicant's name

Phone number

Email (*personal email recommended*)

Required Documents for New Applications

- A clear copy of government issued identification

Certificates of attendance for the following education:

- At least 28 contact hours of in-person education offered by an Authority approved training program, that includes any combination of childbirth education and birth doula training.
- At least six contact hours of cultural competency
- At least one contact hour of interprofessional collaboration
- At least one contact hour of Health Insurance Portability and Accountability Act (HIPAA) compliance
- At least four contact hours trauma-informed care
- An OHA-approved oral health training (*beginning October 2017*)
- Current CPR certification for adults and infants/children

I, _____ (*name of doula*) attest that I have completed attendance at three births in the capacity of birth doula. These births occurred after my doula training date. I understand that falsifying this information will result in immediate revocation of my state certification. In addition, I may be ineligible to apply to be on the registry in the future. I understand that there may be an audit on proof of attendance at these births and I must supply documentation as requested."

I, _____ (*name of doula*) attest that I have completed attendance at three postpartum visits with clients I provided labor support for in the capacity of birth doula. These postpartum visits occurred after my doula training date. I understand that falsifying this information will result in immediate revocation of my state certification. In addition, I may be ineligible to apply to be on the registry in the future. I understand that there may be an audit on proof of attendance at these postpartum visits and I must supply documentation as requested."

Signature: _____

Date: _____

Proof of community completed resource list

I, _____ (*name of doula*) hereby attest that I have developed a community resource list for the counties or geographical area I serve. I understand that falsifying this information will result in immediate revocation of my state certification. In addition, I may be ineligible to apply to be on the registry in the future. I understand that there may be an audit regarding proof of completing a community resource list and I must supply any documentation as requested.”

Signature: _____

Date: _____

Required Documents for Legacy Applications ONLY

- A clear copy of government issued identification
- An OHA-approved oral health training (*beginning October 2017*)
- Current CPR certification for adults and infants/children
- A minimum of one letter of recommendation from any previous employer for whom THW services were provided between January 1, 2008, and June 30, 2025
- Verifiable evidence of attending 10 births. ***Please attach documentation with application.***
- Verifiable evidence of providing 500 hours of community work supporting birthing persons and families in the capacity of a birth doula. ***Please attach documentation with application.***

I, _____ (*name of doula*) attest that I have completed attendance at ten births in the capacity of birth doula. These births occurred before applying for this birth doula certification. I understand that falsifying this information will result in immediate revocation of my state certification. In addition, I may be ineligible to apply to be on the registry in the future. I understand that there may be an audit on proof of attendance at these births and I must supply documentation as requested.

I, _____ (*name of doula*) attest that I have provided 500 hours of community work to clients and families I provided labor support for in the capacity of birth doula. These community work occurred before applying for this birth doula certification. I understand that falsifying this information will result in immediate revocation of my state certification. In addition, I may be ineligible to apply to be on the registry in the future. I understand that there may be an audit on proof of community work and I must supply documentation as requested.”

Signature: _____

Date: _____

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the Traditional Health Worker Program at 1-844-882-7889 or e-mail thw.program@dhsosha.oregon.gov We accept all relay call, or you can dial 711.