

**Minnesota Department of Health
Doula Registry
P.O. Box 64882
St. Paul, MN 55164-0882**

MINNESOTA DEPARTMENT OF HEALTH DOULA REGISTRY


INSTRUCTIONS. Complete all parts of this application. Mail the completed application with a check or money order made payable to the “Treasurer, State of Minnesota” in the amount of \$136 to the address shown above. All fees are nonrefundable pursuant to Minnesota Statutes, section 148.997, subd. (2). **If you receive a certificate from your certifying organization, include a copy with your application and fee.**

MINNESOTA GOVERNMENT DATA PRACTICES ACT NOTICE. This notice is given pursuant to Minnesota Statutes, 13.01, Subdivision 3. The data you provide on this application is considered public data under the Minnesota Government Data Practices Act. You are not legally obligated to complete this application; however, if you do not complete the application, you cannot be listed on the Doula Registry. The information you provide will be subject to VERIFICATION and a CRIMINAL BACKGROUND CHECK as described below.

VERIFICATION. The Commissioner of the Minnesota Department of Health will use the information provided in this application to verify that you meet the statutory definition of a certified doula. A certified doula means an individual who has received a certification to perform doula services from the International Childbirth Education Association, the Doulas of North America (DONA), the Association of Labor Assistants and Childbirth Educators (ALACE), Birthworks, Childbirth and Postpartum Professional Association (CAPPA), or Childbirth International, or International Center for Traditional Childbearing (Minnesota Statutes, section 148.995, subd. (2)).

CRIMINAL BACKGROUND CHECK. The Commissioner shall conduct a criminal background check by reviewing the web site of the Minnesota Bureau of Criminal Apprehension. If the review indicates that an applicant has a criminal conviction listed on the web page, the Commissioner shall indicate this on the registry and provide a link to the web site of the Minnesota Bureau of Criminal Apprehension (Minnesota Statutes, section 148.996, subd. (3)).

RENEWAL. Inclusion on the registry maintained by the Commissioner is valid for three years. About sixty (60) days prior to the expiration of the three-year period, you will be mailed a new application. If you wish to remain on the registry, complete and mail the application with a check or money order made payable to the “Treasurer, State of Minnesota” in the amount of \$136 to the address shown above. **If you receive a certificate from your certifying organization, include a copy with your application and fee.** The department will then conduct another VERIFICATION and CRIMINAL BACKGROUND CHECK as outlined above.

	<p align="center">Doula Registry Health Occupations Program P.O. Box 64882 85 E. 7th Place, Ste. 220 St. Paul, MN 55164-0882 Ph: (651)201-3731 Fax (651) 201-3839</p>	<p align="right">(For MDH Office Use Only) Date Received</p>
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DOULA REGISTRY APPLICATION

1. Applicant Name: _____
Last Name
First Name
Middle Name

2. Mailing Address: _____
Street
City
State
County

3. Have you been known under a different name? Yes No If yes, list all names you have been known under. If you need additional space, list on a separate piece of paper, sign, date, and enclose.

4. Date of Birth: _____
Month
Day
Year

5. _____
Name of Certifying Organization Date of Certification Expiration Date
If you need additional space, list on a separate piece of paper, sign, date, and enclose

6. Please indicate the contact information you want on the registry by providing the information. Leave the item blank if you do not want it to appear on the registry.

Address/PO Box City State Zip code County

(____) _____ (____) _____ (____) _____
Area Home Telephone Number Business Cellular

E-mail address Identify other Counties that you practice in

7. THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature Date