



Verification Form

(Sign and upload)

I, _____ hereby declare that I have read

and agree to abide by and foster the spirit implied in the following:

1. BirthWorks Statement of Beliefs
2. Ideals of a BirthWorks Postpartum Doula
3. BirthWorks International Professional Standards of Practice
4. BirthWorks Postpartum Doula Scope of Practice
5. BirthWorks Postpartum Doula General Policies
6. HIPAA
7. Client Confidentiality Form

I further understand that when certified, I will be representing BirthWorks International, and will conduct myself in a professional manner in the birthing community, putting into practice human values including respect, kindness, compassion, patience, and love.

Name of Postpartum Doula
(Sign your name as you wish it to appear on your BirthWorks certificate)

Date