



KERN HEALTH SYSTEMS

PLEASE RETURN THIS CHECK-LIST WITH YOUR APPLICATION

DOULA BIRTH WORKER ATTESTATION CHECK-LIST

1. ☐ Section I. Personal Information
2. ☐ Section II. Education
3. ☐ Section III. Current Employment or Volunteer Status
4. ☐ Section IV
 - ☐ Training Pathway
 - ☐ Completion 16-hours required course work in: Lactation support; childbirth education; foundations of anatomy of pregnancy & childbirth; Non-medical comfort measures, prenatal support, and labor support techniques, developing a community resource list, provide support at a minimum of three births
 - OR**
 - ☐ Experience Pathway
 - ☐ Documentation of Experience (Resume) five years of active doula experience in either a paid or volunteer capacity within the previous seven years
 - ☐ Attestation to skills in prenatal, labor, and postpartum care as demonstrated by client testimonial letters or professional letters of recommendation (see page 4)
5. ☐ Section V. Continuing Education Attestation
Three (3) hours of continuing education in maternal, perinatal, and/or infant care
6. ☐ Section VI. Attestation Signature & Date

REQUIRED TO ATTACH COPIES OF:

- ☐ Doula Certificate
- ☐ Adult/Infant Cardiopulmonary Resuscitation (i.e., CPR) Certification
- ☐ Health Insurance Portability and Accountability Act Training Certificate
- ☐ DHCS Medi-Cal Fee-For-Service Program Approval letter
- ☐ Addendum A – Practitioner Rights
- ☐ General / Professional Liability Coverage, if covered

Section I. Personal Information (Please *Print* or *Type* all information in ink)

Last Name		First Name		Middle Name	
Home Address (Street Address)		Apt. #	City	State	Zip Code County
Social Security Number			Mobile/Cell Phone		
Date of Birth (Month/Day/Year)			Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		
Personal email address			NPI Number		
Race/Ethnicity *This information is optional					
<input type="checkbox"/> American Indian/Alaskan		<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander		<input type="checkbox"/> Other (Specify) _____			
Language(s) used *This information is optional and may be used in provider directories to help members make informed choices and/or help meet the needs of our members.					
English:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	Preferred Language for Correspondence:	<input type="checkbox"/> English <input type="checkbox"/> Spanish
Spanish:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write	(Specify Other Language)	
Other:	<input type="checkbox"/> Speak	<input type="checkbox"/> Read	<input type="checkbox"/> Write		

Section II. Education (United States or Other Country)

Highest Level of Education Completed (Check One)	<input type="checkbox"/> High School Graduate or General Education Development (GED)
	<input type="checkbox"/> College/University Degree
Other current State of CA Professional National or License / Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certificate Agency:	Certificate Number:

Section III. Current Employment or Volunteer Work

<input type="checkbox"/> Employment	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Self-Employed	Is this a Doula Position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Organization/Facility (Volunteer or Employment)			
Address (Street address)		City	State Zip Code Phone

Section IV. Attestation based on Training Pathway

(Fill out only if the following training requirements have been met)

☐ I attest that I qualify by meeting the below training pathway:

Training Pathway:

- Certificate of completion for a minimum of 16 hours of training in the following topics:
- Lactation support
- Childbirth education
- Foundations on anatomy of pregnancy and childbirth
- Non-medical comfort measures, prenatal support, and labor support techniques
- Developing a community resource list
- Provide attestation of providing support at a minimum of three births

☐ Certificate Attached

Date training completed (MO / DY / YEAR)

Sponsoring Organization / Training Program

Training Location (City)

OR Skip to Next Section if completing application based on Experience

Section IV. Attestation based on Experience Pathway

(Fill out only if the following experience requirements have been met)

☐ I attest that I qualify by meeting the below experience pathway

Work Experience Pathway: At least five (5) years of active doula experience in either a paid or volunteer capacity within the last seven (7) years. ☐ Resume attached with work experience in mo/yr format.

Date(s) of Experience:	Start Date (Mo/Year)	to-	End Date (Mo/Year)
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Name of Organization / Facility

Name of Organization / Facility	Start Date (Mo/Year)	to-	End Date (Mo/Year)
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***Attach Resume or additional information for work experience in previous seven (7) years.**

Section IV. Continued:

Experience Pathway / Client Testimonials or Professional letters of recommendation

I attest to skills in prenatal, labor, and postpartum care as demonstrated by the following and will provide copies of these documents upon request by DHCS and/or KHS:

☐ Three (3) written client testimonial letters dated within the last seven (7) years

OR

☐ One (1) Professional letter of recommendation from one of the following disciplines: a physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife, enrolled doula, or community-based organization

AND

☐ One (1) Professional letter of recommendation: must be from either a licensed Provider, a community-based organization, or an enrolled doula. "Enrolled doula" means a doula enrolled either through DHCS or through a MCP (Managed Care Plan)

Section V. Continuing Education Attestation:

I attest to be in compliance with the continuing education requirements below and will provide copies of these documents upon request by DHCS and/or KHS::

- ☐ Three (3) hours of continuing education in maternal, perinatal, and/or infant care; and
- ☐ Maintaining continuing education every three years;
- ☐ Maintaining evidence of completed training and make available to DHCS upon request

Section VI. Doula Attestation and Signature

Please read the following statements carefully. Sign or type your name below to indicate your understanding and acceptance of these statements in the space provided.

- I certify that all the information provided by me in connection with this application is true and complete. I understand providing false or misleading information, material omissions or misrepresentations which is used in determining my qualifications may result in the voiding of the application and failure to be granted network participation.
- I agree to abide by Kern Health Systems (KHS) Policy and Procedures, KHS provider service agreement, the Department of Health Care Services All Plan Letter 22-031, and any subsequent updates, related to Doula Service Benefit.
- I give KHS permission to verify any information related to my training or experience, work or volunteer experience, and references, which are important in determining my qualifications.
- I understand the application and supporting documentation submitted become the property of KHS and are non-returnable.
- I shall advise KHS PNM-Credentialing Department of my current address immediately, but no later than 10-days, of any changes of address or within 1-day of other significant changes in my work, volunteer status and/or certification.
- I acknowledge that this Application is used to validate my qualifications and is not a contract between me and Kern Health Systems and does not make me an employee, agent, contractor, or representative of Kern Health Systems.

Signature

ACCEPTABLE: Hand Signature, Adobe or DocuSign Electronic or Digital Signatures

NOT ACCEPTABLE: Stamped or Font Signatures

Date

Mail, email or fax complete application to:

Mail to:

Kern Health Systems
Attn: Credentialing
2900 Buck Owens Blvd
Bakersfield CA 93309

Email to:

credentialing@khs-net.com

Fax to:

661-473-7388