



The House of La Matrona

Holistic Midwifery & Doula Training Programs ~ Family Wisdom & Women's Arts
Asheville, NC (828) 242-2188

HOLISTIC DOULA OBSERVATION & INSTRUCTION LOG

CHILDBIRTH CLASSES:

This is to certify that _____
has attended a full series of my childbirth classes as an observer. I teach a series of _____
classes, with each one lasting approximately _____ hours.

I am / I am not certified. I am a provisional affiliate or candidate for certification.

I teach: (please circle one) Lamaze Bradley ICEA BirthWorks Birthing From Within

Other _____

Signed: _____

Mailing Address: _____

Phone: _____

Email: _____

PREGNANCY MESSAGE:

This is to certify that _____
has devoted four (4) hours of contact time to learning the basic techniques of pregnancy massage,
as well as background information and precautions. I affirm by my signature that I have directly
supervised this instruction and/or have personally provided the instruction.

I am a(n): Licensed Massage Therapist Experienced Doula Midwife

Other _____

Signed: _____

Please print your name: _____

Mailing Address: _____

Phone: _____

Email: _____

APPLICANT NAME _____

DATE _____

CHECKED BY _____ APPROVED BY _____



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HOLISTIC DOULA OBSERVATION & INSTRUCTION LOG - 2

LA LECHE LEAGUE MEETINGS:

This is to certify that _____

has attended Meeting 1 in La Leche League's 4-meeting series.

Date attended: _____

Leader's signature: _____

Group name: _____

Location (City, State): _____

Leader's Contact Information:

Phone: _____

Email: _____

Doula Applicant: Please summarize the meeting and what you learned.

This is to certify that _____

has attended Meeting 2 in La Leche League's 4-meeting series.

Date attended: _____

Leader's signature: _____

Group name: _____

Location (City, State): _____

Leader's Contact Information:

Phone: _____

Email: _____

Doula applicant: Please summarize the meeting and what you learned.

APPLICANT NAME _____

DATE _____

CHECKED BY _____ APPROVED BY _____



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HOLISTIC DOULA OBSERVATION & INSTRUCTION LOG - 3

LA LECHE LEAGUE MEETINGS (cont.):

This is to certify that _____

has attended Meeting 3 in La Leche League's 4-meeting series.

Date attended: _____

Leader's signature: _____

Group name: _____

Location (City, State): _____

Leader's Contact Information:

Phone: _____

Email: _____

Doula Applicant: Please summarize the meeting and what you learned.

This is to certify that _____

has attended Meeting 4 in La Leche League's 4-meeting series.

Date attended: _____

Leader's signature: _____

Group name: _____

Location (City, State): _____

Leader's Contact Information:

Phone: _____

Email: _____

Doula applicant: Please summarize the meeting and what you learned.

APPLICANT NAME _____

DATE _____

CHECKED BY _____ APPROVED BY _____



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HOLISTIC DOULA OBSERVATION & INSTRUCTION LOG - 5

AUDIO/VIDEO LOG

| AUDIOTAPE TITLE: | DATE COMPLETED: | RECOMMEND? |
|------------------|-----------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

| VIDEO TITLE: | DATE COMPLETED: | RECOMMEND? |
|--------------|-----------------|------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I affirm that I have read the books on page 4, and have listened to/viewed the required tapes and videos listed above. The approximate completion dates are given to the best of my memory.

Signature of Doula: _____

Date: _____

ADDITIONAL INSTRUCTION, CONTINUING EDUCATION, ETC.

Please list any other relevant experience or instruction here. This may include conferences or workshops, classes, apprenticeships or shadowing, etcetera.

| TITLE | DATE | LOCATION | WHAT DID YOU LEARN? |
|-------|-------|----------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

APPLICANT NAME _____
DATE _____
CHECKED BY _____ APPROVED BY _____