



Cornerstone

Postpartum Birthworker (doula) Certification Packet ®

Welcome to the Cornerstone community, and thank you for choosing our program. We are thrilled to be leading you through your postpartum birthworker certification process. Please read this packet carefully, as it contains all of your requirements for postpartum birthworker certification. You will have two years to complete all requirements after attending your first training with us. All paperwork and requirement tracking is the responsibility of the learner - your trainers will not be keeping records for you. Please submit this packet only when it is complete via email to: info@cornerstonedoulatrainings.com.

COURSES REQUIRED FOR CERTIFICATION:

1. Postpartum Birthworker Training

Date completed _____

(Attach certificate of completion to your final submitted packet.)

Please let us know what title you would like on your certificate by placing a checkmark next to the title.

- Certified Postpartum Doula
- Certified Postpartum Birthworker

INFANT & CHILD CPR/FIRST AID CERTIFICATION

Date completed _____

Certification expiration _____

Please attach your card to this packet.

RESOURCE AND REFERRAL LIST: Please find a local referral for each, including one that offers sliding scale or low fee services and attach to this packet for final submission.

- Chiropractor
- Acupuncturist
- Postpartum yoga instructor
- Birth tub rental
- Pregnancy and birth resource center
- Naturopath
- Homeopath
- Pediatrician
- Herbalist
- Nutritionist
- Infant CPR and first aid training
- La Leche league meeting location
- IBCLC
- Parents group facilitator and location
- Queer parents group facilitator and location
- PGM parents group facilitator and location
- Cranio-sacral practitioner
- Pelvic floor specialist
- Grief and loss support group facilitator and location
- Postpartum depression resource: one for each parent and one queer & trans specific,
as well as one PGM parents specific
- Psychologist/therapist with postpartum and pregnancy specialty

ATTEND SIX HOURS as either the primary or apprentice postpartum doula
Please attach evaluation forms from families served to this packet.

ATTEND THREE DROP-IN GROUP MENTORSHIP SESSIONS

Dates attended _____

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