



**Birthingway College of Midwifery**  
 4550 SW Betts Avenue #142, Beaverton, OR 97075  
 503-760-3131 | birthingway.edu

## APPLICATION FOR ADMISSION TO POSTPARTUM DOULA PROGRAM

**APPLICATION CHECKLIST:** For admission to the program, each applicant must provide the following to the College:

- This completed application.
- Responses to the application questions on additional paper.
- One letter of reference addressing the applicant's suitability for working as a postpartum doula. This letter should be sent directly from the writer to Birthingway College of Midwifery.
- A signed copy of the Technical Standards for Student Postpartum Doulas Agreement (on back of application).
- A non-refundable application fee of \$25.00 (check, cash, PayPal or money order) payable to Birthingway College of Midwifery.

Please print clearly:

**Legal First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Legal Last Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_ **Pronouns Used:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State, Zip code:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Other phone (work/cell):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Emergency contact (name/phone):** \_\_\_\_\_

Have you applied to Birthingway before?  Yes  No

If yes, when? \_\_\_\_\_ Which program(s)? \_\_\_\_\_

Are you currently enrolled in any other programs?  Yes  No If yes, which program(s)? \_\_\_\_\_

Are you planning to apply to other programs at Birthingway?  Yes  No If yes, which one(s)? \_\_\_\_\_

**Do you speak any language(s) other than English? If so, what language and what is your level of proficiency?**

**All of the information provided in this application for admission is true and accurate to the best of my knowledge. I understand that should I furnish false information, this may be grounds for my dismissal from Birthingway College of Midwifery. I have read and understood the Process for Application and the Technical Standards for Student Postpartum Doulas.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

*Birthingway does not discriminate on the basis of anyone's actual or perceived race, color, ethnic origin, religion, sex, gender identity, sexual orientation, marital status, age, disability, or socioeconomic status in employment decisions, admissions or other college activities. Concerns regarding this policy can be addressed to Title IX Coordinator, 4550 SW Betts Avenue #142, Beaverton, OR 97075, 503-760-3131, or by contacting the Office of Civil Rights at 400 Maryland, SW, Washington D.C. 20202-1100, 1-800-421-3481.*

**Please send all application materials to [info@birthingway.edu](mailto:info@birthingway.edu) or mail to Birthingway College at the address above.**

<b>OFFICE USE ONLY</b>
Date/time/payment/initial
Please route in this order: _____ FIN _____ REG _____ DPA _____ File

Please provide the names, addresses, and phone numbers of two persons not related to you, one of whom you have asked to send a reference letter on your behalf to Birthingway College of Midwifery and another person we can contact as a personal reference (only one letter of reference is needed).

1. Letter of Reference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

2. Personal Reference

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Full Address: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

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## Technical Standards for Postpartum Doula Integration

A certified labor or postpartum doula from Birthingway signifies that the holder is a doula prepared for entry into active practice. They must have the knowledge, skills, attitudes and judgment to function in a broad variety of situations and to render a wide spectrum of client support. Therefore, the following abilities and expectations must be met and maintained, with or without reasonable accommodation, through certification and re-certification. Failure to maintain Technical Standards may result in dismissal from the program. Students or applicants who have questions regarding standards are encouraged to contact the Doula Program Coordinator ([dpc@birthingway.edu](mailto:dpc@birthingway.edu)).

- You must be able to observe demonstrations in the Biodynamic Model of Care
- You must have sufficient use of the sensory, visual, hearing and/or motor systems to support women in birth and families in the immediate postpartum period.
- You must be able to communicate in English with accuracy, clarity, efficiency, and sensitivity both verbally and in writing.
- You must have the skills to analyze and synthesize information, solve problems (within scope) and reach therapeutic judgments.
- You must be able to acknowledge evaluation and respond appropriately.
- You must possess the interpersonal skills to develop rapport and to maintain effective, mature, and sensitive relationships with clients, care providers, hospital staff, colleagues, staff, and faculty
- You must demonstrate the emotional stability, perseverance, diligence, and consistency necessary to complete the practicum. Therefore, you must be able to tolerate physically taxing workloads; to function effectively under stress; to adapt to changing environments/family structures; to display flexibility and to function in the face of uncertainties inherent in the problems and needs of many clients.

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## Process for Application to the Postpartum Doula Program

Mail completed application packet to the college. Applicants are encouraged to call the college to confirm that we have received all expected application items. Birthingway's Doula Program Administrator will review the application and make a decision within two weeks of receiving the complete application. The applicant will be notified shortly thereafter of the decision (invitation or decline).

Applicants who are invited to the program will receive an acceptance letter detailing deadlines by which they must enroll.

*Please feel free to ask questions. This process is as much for your decision-making as for ours.*

## Postpartum Doula Application Questions

Using additional paper (include your name), please answer the following:

1. Describe all education, employment, volunteering, homemaking, travel, and unemployed periods for the past five years. Include for each: the dates, location, type of experience, and reason for discontinuing.
2. What is your experience, personal and professional, with breastfeeding and postpartum support?
3. Briefly describe why you are interested in becoming a certified Postpartum Doula?
4. Why are you applying to Birthingway? How do you expect Birthingway to help you meet your educational goals?
5. What are your goals after completing the postpartum doula program? How do you see yourself meeting these goals?
6. When did you take and complete your Birthingway Postpartum Doula training? (You can contact Birthingway if you are unsure when you completed your training)