

<b>Name:</b>	<b>Date:</b>
<b>Phone #</b>	<b>Email</b>
CNM: <input type="checkbox"/> CPM: <input type="checkbox"/>	Maryland License #

**Doula:**       **Birthing Assistant:**

\*For Doulas and Birthing Assistants, either attach certification, training program, or relevant professional Doula experience. **Only one verification method is needed.**

<div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"><b>Option 1</b></div> <p><b>Attach Certification:</b> <input type="checkbox"/></p>	<div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"><b>Option 2</b></div> <p><b>Training Program Document:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> DONA</li> <li><input type="checkbox"/> Pro Doula</li> <li><input type="checkbox"/> APPA</li> <li><input type="checkbox"/> Birth ARC</li> <li><input type="checkbox"/> Matrona</li> <li><input type="checkbox"/> Other _____</li> </ul> <p style="text-align: center; margin-left: 100px;">specify</p>	<div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"><b>Option 3</b></div> <p><b>Attach Resume:</b> <input type="checkbox"/></p> <p>Must include information from either Option 1, 2 or a list of relevant professional Doula experience.</p>
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**I certify that the information above is accurate and agree to use appropriate PPE while in the hospital.**

Print Name:	Signature	Date
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If this form is not completed in advance and a maternal admission is imminent, then urgent permission to enter will be granted based on a signed attestation of qualifications below:

**Just in Time Verification (for urgent requests only):**

I attest that due to unforeseeable circumstances, I am an unscheduled urgent substitute and I am professionally trained and credentialed as  CNM,  CPM,  BA, or  Doula.

My signature below is my attestation of the above credentials and my agreement to provide required paperwork within 7 days.

Print Name:	Signature	Date
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**Note: A mask is required for entrance** You must be in illness free and afebrile before entering the hospital. Upon arrival at Main Entrance One, Security will ask appropriate infectious disease questions, and your temperature will be recorded via a touchless screening monitor. **Please call L&D prior to arrival to alert them to your arrival. 240-566-3533; they will notify Security.**