



CERTIFIED LABOR DOULA (CLD) CERTIFICATION FORM

*Required

General Statement

Per TRICARE requirements, TriWest Healthcare Alliance shall ensure all providers are TRICARE certified in accordance with 32 CFR 199.6 and TRICARE Policy Manual, Chapters 1 and 11.

Conflict of Interest and Dual Compensation

NOTE: Federal law (5 U.S.C. 5536) prohibits medical personnel, who are active-duty service members or civilian employees of the government, compensation above their normal pay and allowances for medical care rendered. This prohibition applies to TRICARE benefits whether the claim for reimbursement is filed by the individual medical provider, facility in which the care was rendered, or beneficiary/sponsor. Claims for TRICARE benefits will be denied in any situation where either a uniform member or civilian employee of the uniform services has the opportunity to exert, directly or indirectly, any influence on the referral of TRICARE beneficiaries to one or more providers on a selective basis.

Are you employed by the U.S Government*: Yes No

Training Status Exclusion

NOTE: Title 32, CFR, Section 199.6 states that individual health care professionals who are allowed to render health care services only under direct and ongoing supervision as training to be credited towards earning a clinical academic degree or other clinical credential required for the individual to practice independently are excluded from TRICARE participation for the duration of such training.

Are you in an educational or training program required for your provider type*: Yes No

Practitioner Information

First Name*:	MI:	Last Name*:	Suffix:
National Provider Identifier (NPI)*:	Sex*: M F	Date of Birth (MM/DD/YYYY)*:	SSN (xxx-xx-xxxx)*:
Phone Number (xxx-xxx-xxxx)*:	Email Address*:		

Point of Contact (POC) **Complete if different than Practitioner Information.*

POC First Name:	POC Last Name:	POC Title:
POC Phone Number (xxx-xxx-xxxx):	POC Email Address:	

Certification Information

To certify you as a **Certified Labor Doula (CLD)**, please provide the following information to confirm you meet TRICARE requirements. Failure to provide complete and accurate information will delay the certification process and may negatively impact claims processing.

NOTE: Refer to the TRICARE Operations Manual, Chapter 18, Section 10, 6.1 - CLD Qualifications.



CERTIFIED LABOR DOULA (CLD) CERTIFICATION FORM

Education and Experience

I attest that my education and experience were not obtained during my own childbirth or the childbirth of an immediate family member.*

Attest Do Not Attest

I attest that I have attended a minimum of 24 education hours that included the following: The Physiology of Labor, Labor Doula Training, Antepartum Doula Training, Postpartum Doula Training.*

Attest Do Not Attest

I attest that I have attended one or more breastfeeding courses.*

Attest Do Not Attest

I attest that I have attended one or more childbirth classes.*

Attest Do Not Attest

I attest that in the past three years, I have provided continuous in-person childbirth support as the primary labor doula supporting the birthing parent for at least three births, totaling a minimum of 15 hours, with at least two of the three being vaginal births.*

Attest Do Not Attest

I attest that I have provided antepartum and postpartum support for at least one birth.*

Attest Do Not Attest

State License / Certification **Required if practicing in a state that offers licensure/certification.*

NOTE: TRICARE Operations Manual, Chapter 18, Section 10, Paragraph 6.1.5 states: If a state or local jurisdiction offers a doula, childbirth support, or similar licensure or certification, the provider shall maintain such license or certification, even if it is optional in the state or local jurisdiction.

Not Applicable – The state in which I practice does not offer licensure/certification.

State (xx):	License/Certification Number:	
Original Issue Date:	Expiration Date:	License/Certification Specialty:

Attach a current copy of state license/certification.

Any disciplinary actions/sanctions against your license/certification? Yes No
If yes, you must submit a detailed and signed explanation.

National Certification **Required if not approved to participate in a permanent, statewide Medicaid doula program.*

Per the TRICARE Operations Manual, Chapter 18, Section 10, Paragraph 6.1.3, the provider must hold a current certification as a CLD, certified doula, or similar perinatal certification (postpartum doula certification by itself does not qualify), obtained within the last three years from one of the following organizations:

- BirthWorks International (BWI) – Certified Birth Doula
- Childbirth and Postpartum Professional Association (CAPP) – Certified Labor Doula
- Doulas of North America (DONA) International – Certified Birth Doula



CERTIFIED LABOR DOULA (CLD) CERTIFICATION FORM

International Childbirth Education Association (ICEA) – Certified Birth Doula

ToLABOR – Certified Birth Doula

National Black Doulas Association (NBDA) – Certified Birth Doula *[effective 04/11/2024]*

Certification Number:	Effective Date:	Expiration Date:
-----------------------	-----------------	------------------

Attach a current copy of national certification.

Medicaid Participation **Required if not certified by one of the national organizations listed above.*

Effective 04/11/2024, participation in a Medicaid doula program may be substituted for the certification requirement for providers practicing in states with an active statewide doula Medicaid benefit. Participation must be in a permanent statewide Medicaid doula program, excluding geographically or time limited programs and programs with requirements set by affordable care or managed care organizations. The CLD becomes ineligible to provide Childbirth and Breastfeeding Support Demonstration (CBSD) services if they are no longer an active Medicaid provider. CBSD services must be performed in the same state in which the CLD is a Medicaid doula.

I am not certified by any of the national organizations listed above, but I do participate in a permanent, statewide Medicaid doula program.

State of Medicaid Doula Program (xx):	Medicaid ID or Number:	Medicaid Doula Program Approval Date:
---------------------------------------	------------------------	---------------------------------------

Attach a copy of Medicaid approval letter.

CPR Certification

NOTE: TRICARE Operations Manual, Chapter 18, Section 10, Paragraph 6.1.6 states: The provider must maintain a current adult, child, and infant CPR certification.

Issuing Organization*:	Issue Date*:	Expiration Date*:
------------------------	--------------	-------------------

Attach a current copy of CPR certification.*

Participation Agreement

NOTE: TRICARE Operations Manual, Chapter 18, Section 10, Paragraph 6.1.8 states: To be eligible for reimbursement for dates of service on or after January 1, 2025, CLDs in the 50 U.S. and the District of Columbia must sign a participation agreement.

TRICARE Operations Manual, Chapter 18, Section 10, Paragraph 6.1.8.1 states: Participation agreements are effective the date signed and shall not be backdated to allow retroactive eligibility for reimbursement.

Attach a copy of signed Participation Agreement for Certified Labor Doulas.*

Provider Roster

Attach a completed TriWest Provider Roster Template.*

Attestation

By signing below, I attest to meeting the above TRICARE requirements as well as confirm that the information submitted on this form is accurate and complete to the best of my knowledge.

Signature*:	Date of Signature*:
-------------	---------------------