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Governor

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Pathway 3 - Doula Testimonial Letter Template

Instructions: Template language may only be modified in the blank fields as applicable. The testimonial letter must contain no protected health or confidential information.

Applicants Name: _____

My relationship to the applicant was (or is) in the following capacity:

Licensed Provider (physician, licensed behavioral health provider, nurse practitioner, nurse midwife, licensed midwife) Credentialed Doula Community Organization

Former Doula Client Community Elder

I, _____, (name of authorized representative), declare that the following is true and correct:

1. I attest that within the last two years _____, (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula in either a paid or voluntary capacity.
2. I attest to the applicant's competency and thereby recommend them for Doula Credentialing through the State of New Mexico.

Name: _____

Title: _____

Address: _____

Telephone Number: _____

Signature: _____

Date: _____