

Doula Testimonial Letter Template for Licensed Providers

Testimonial letter from a licensed provider. Template language may only be modified in the blank fields as applicable.

Instructions: Testimonial letter must be on the licensed provider's letterhead using the language below and contain no protected health or confidential information.

I, (name of provider) declare that the following is true and correct:

1. I am a physician, psychologist, licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, nurse practitioner, nurse midwife, or licensed midwife, as of the date of this letter of recommendation.
2. I attest that within the last five years (applicant's name) has demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name and Title:

Business Address:

Telephone Number:

NPI:

Provider Type:

Signature and Date: