Legacy Doula Contractor Application

PERSONAL INFORMATION									
NAME (First, Last)							DATE OF BIRTH		
ADDRESS (number, street, building)									
CITY	STATE					ZIP CODE			
PHONE		EMAIL ADDRE	ESS						
Are you currently approved on the Oregon State THW Registry as a THW Doula? *Please attach a copy of your THW approval letter. Tyes In No									
THW#		THW Expiration Date			NPI#				
Do you have current BLS certification? Yes No *Please attach a copy of your current BLS certification – AHA BLS only. BLS Expiration Date									
Please attach a copy of your resume or CV with a focus on your doula-related experience									
DOULA TRAINING, CERTIFICATION, ADDITIONAL OR ADVANCED TRAINING OR EDUCATION									
Doula Organization/ Trainer	Topic/Title				Date Completed		Certificate Attached?		
EDUCATION (Highest levels of	of educ	ation starte	ed or completed)					
School		Focus			Graduated		Year		
					☐ Yes □	□ No			
					☐ Yes ☐	□No			
DOULA RELATED WORK EXPERIENCE (Please include self employed & volunteer experience)									
Organization Name		Period Role			Est.				

PROFESSIONAL REFERENCE 1							
NAME		RELATIONSHIP					
PHONE	EMAIL ADDRESS						
PROFESSIONAL REFERENCE 2							
NAME		RELATIONSHIP					
PHONE	EMAIL ADDRESS						
PROFESSIONAL REFERENCE 3							
NAME		RELATIONSHIP					
PHONE	EMAIL ADDRESS						
QUESTIONS							
Why are you interested in joining Legacy's	doula contract	or program?					
How many Medicaid clients are you hoping to get per month (or quarter, or year) through Legacy?							
What is your experience working with under-resourced populations?							
Any additional skills, identities or lived experiences that you think might be relevant?							
I certify that the information contained in this application is accurate and correct. I understand that any omission or erroneous information may be ground for dismissal.							
SIGNATURE (typed or signed) DATE							

Please download and fill out this application. Send completed application and attach resume or CV, any doula trainings, certifications or proof of other advanced trainings to doulas@lhs.org.