Medi-Cal Doula Provider

Testimonial Letter Templates

For use with the PAVE enrollment application — Experience Pathway

Department of Health Care Services (DHCS) Source

Note: At least one letter must come from a licensed provider, CBO, or enrolled doula. All letters must reference activity within the last 7 years.

Four templates included:

- Template 1 — Letter from a Community-Based Organization
- Template 2 — Letter from a Licensed Provider
- Template 3 — Letter from an Enrolled Doula
- Template 4 — Letter from a Client (Testimonial)

Testimonial Letter from a Community-Based Organization

Instructions: This letter must be on the community-based organization's official letterhead. Template language may only be modified in the blank fields. Do not include any protected health or confidential information.

I,

_____ *(name of authorized representative)*

declare that the following is true and correct:

- I am a community-based organization's authorized representative.
- 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: _____

Signature and Date: _____

Testimonial Letter from a Licensed Provider

Instructions: This letter must be on the licensed provider's official letterhead. Template language may only be modified in the blank fields. Do not include any protected health or confidential information.

I,

_____ *(name of provider)*

declare that the following is true and correct:

- I am a **physician, psychologist, licensed marriage and family therapist, licensed clinical social worker, licensed professional clinical counselor, nurse practitioner, nurse midwife, licensed midwife, or Medi-Cal enrolled doula**, as of the date of this letter of recommendation.
- 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: _____

Testimonial Letter from an Enrolled Doula

Instructions: This letter must be on the enrolled doula's official letterhead. Template language may only be modified in the blank fields. Do not include any protected health or confidential information.

I,

_____ *(name of enrolled doula)*

declare that the following is true and correct:

- I am a doula and am currently enrolled in the Medi-Cal program.
- 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: _____

Signature and Date: _____

Testimonial Letter from a Doula's Client

Instructions: This letter does not need to be on letterhead. Template language may only be modified in the blank fields. Do not include any protected health or confidential information.

I,

_____ *(name of doula's client)*

declare that the following is true and correct:

- I was a client of _____ (applicant's name).
- I attest that I received services within the last five years from _____ and they have demonstrated the skills and experience in prenatal, labor, and postpartum care to work as a doula.

Name: _____

Address: _____

Telephone Number: _____

Signature and Date: _____