

IRM Form 39

Letters of Recommendation

Please print or email this form to the individuals who will write letters of recommendation on your behalf.

Requirements for certification:

Midwife Certification:

5 letters of recommendation - 3 former clients and 2 former preceptors.

Doula Certification:

4 letters of recommendation from former clients.

Experienced midwife certification:

8 letters of recommendation - **5** from previous clients and **3** from midwives/Physicians you have worked with in the past.

First and last name:	
First	Last
Mailing address:	
Address:	Address Line 2:
City:	State:
Zip Code:	Country:
Finally	Dhana Numban
Email:	Phone Number:
Check one:	
Past Client	
Healthcare Professional	

Please submit this form along with a copy of a government issued ID card to test@internationalmidwife.org



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Please use the space below to briefly describe your experience with the applying applicant. Including personality and ability to perform job related tasks:			
 			
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Signature:		Date:	