

## 40 Hours Experience Record

One of the requirements of membership is completing 40 hours of related work experience with a minimum of 3 clients. Experience for the 40-hour requirement must be completed **after** taking an accredited End of Life Doula course. Accepted experience must involve the scope of End of Life Doula work (facilitating conversations on dying, end of life planning, providing appropriate resources, sitting vigil, Advance Care Planning, etc.) The intent of the post-40-hour experience is to utilize skills, resources, knowledge acquired from End of Life Doula training. Please answer the questions below as detailed as possible.

This form is built with 3 examples of work, however if you have more than 3 examples, you can print copies and submit as many pages as necessary.

If you have any questions, please contact info@endoflifedoulaassociation.org

	Client Experience Example 1
Please complete the information below:	
Job title/role:	
SOB MILOTOIC.	
# of Hours Completed (after Doula training):	
Name of client/agency/company/health authority:	
City:	
Dates:	
Bates.	
May we contact your supervisor?	
If yes, please provide your Supervisor's contact information:	
Discourse to the left was the details of several constants	diagram below (where any Washin)
Please complete the information on the details of your work expe	rrience below (where applicable):
Services provided:	
Resources used:	

Education provided:	
Referrals provided:	
releitais provided.	
Theories used:	
Chille and techniques analised (used and absorbed).	
Skills and techniques applied (used and observed):	
Interdisciplinary collaboration:	
Ethical considerations:	
Complexities:	
Complexities:	
Complexities:	
Complexities:	
Complexities:	
Ethical considerations:  Complexities:  Family dynamics:	

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Conventional and non-conventional therapies:	
Conflict management.	
Conflict management:	
	Client Experience Example 2
	Cheff Experience Example 2
Please complete the information below:	
Job title/role:	
# of Hours Completed (after Doula training):	
Name of client/agency/company/health authority:	
City:	
Dates:	
May you applied your ay man dear?	
May we contact your supervisor?	
If yes, please provide your Supervisor's contact information:	
in yes, please provide your Supervisor's contact information.	
Please complete the information on the details of your work expe	rience below (where applicable):
Services provided:	The second times approach;
Josi vioca proviucu.	
Resources used:	

Education provided:	
Referrals provided:	
Theories used:	
Theories used.	
Skills and techniques applied (used and observed):	
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Interdisciplinary collaboration:	
Ethical considerations:	
Complexities:	
Complexities:  Family dynamics:	
Complexities:  Family dynamics:	

Conventional and non-conventional therapies:	
Conflict management:	
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	Client Experience Example 3
Please complete the information below:	
Job title/role:	
# of Hours Completed (after Doula training):	
Name of client/agency/company/health authority:	
City:	
Dates:	
May we contact your supervisor?	
iviay we contact your supervisor:	
If yes, please provide your Supervisor's contact information:	
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Please complete the information on the details of your work expe	rience below (where applicable):
Services provided:	
Resources used:	

Education provided:	
Referrals provided:	
releitais provided.	
Theories used:	
Chille and techniques analised (used and absorbed).	
Skills and techniques applied (used and observed):	
Interdisciplinary collaboration:	
Ethical considerations:	
Complexities:	
Complexities:	
Complexities:	
Complexities:	
Complexities:	
Ethical considerations:  Complexities:  Family dynamics:	

Conventional and non-conventional therapies:	
Conflict management:	