Montana Department of LABOR & INDUSTRY

Last updated 7/10/2026

Doula Clients List

If applying using two years' previous experience, list the service date range and initials of five to ten clients served between Jan. 1, 2024, and Dec. 31, 2025.

Upload completed form to your online application, or email to dliesddoula@mt.gov.

Applicant name: _____

License or application number (if known): _____

Email address: _____

Phone number: _____

Client's Initials	Start Date of Services	End Date of Services
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I the undersigned attest that the data reported on this form is true and meets the doula licensure requirements in Montana statute and rule.

Signature: _____

Date: _____