





## 7. LIST OF PROFESSIONAL LACTATION EDUCATION HOURS COMPLETED OVER THE LAST 5 YEARS:

In the table below, list at least 45 hours of professional education specific to lactation or breastfeeding management that you have attended, during the last 5 years. Enclose photocopies of your certificates of attendance or other documentation for hours completed. **Make sure that your list totals a minimum 45 hours. Minimum education required must be completed at time of application.** For full information see *Candidate Information Guide*.

DATE	LOCATION	TITLE OF SESSION OR PROGRAM OR COURSE	PRESENTED BY	CERTIFICATE ENCLOSED?	HOURS or L CERPs
15/8/07	Goode Hospital, Bristol UK	Low weight gain in the breastfed baby	Sue Milk IBCLC & Ann Pump IBCLC	Yes	5.5 hours
Feb-June 2009	Hong Kong	Lactation and Human Milk Feeding	Global Breastfeeding Courses	Yes	28 L CERPs

**TOTAL EDUCATION HOURS – COMPLETED – DURING THE FIVE YEARS PRIOR TO DATE OF APPLICATION MINIMUM 45 HOURS:**

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## 8. PRINCIPAL CURRENT EMPLOYMENT SETTING:

Tick *one* box which best indicates the setting in which you currently work.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 1 Hospital - maternity (all areas) | <input type="checkbox"/> 6 Maternal & child health        | <input type="checkbox"/> 11 Medical practice                 |
| <input type="checkbox"/> 2 Hospital - postnatal only        | <input type="checkbox"/> 7 Health visitor                 | <input type="checkbox"/> 12 Private practice (breastfeeding) |
| <input type="checkbox"/> 3 Hospital - general               | <input type="checkbox"/> 8 Clinic / community setting     | <input type="checkbox"/> 13 Mother support group             |
| <input type="checkbox"/> 4 Hospital - paediatric            | <input type="checkbox"/> 9 Postnatal domiciliary          | <input type="checkbox"/> 14 Educational institution          |
| <input type="checkbox"/> 5 Hospital - NICU / SCN            | <input type="checkbox"/> 10 Birthing centre / home births | <input type="checkbox"/> 15 Independent educator             |
| <input type="checkbox"/> 16 Other (please describe)         |   |  |

## 9. CURRENT WORKPLACE:

Name and address of your current workplace, including section or location (e.g. unit or clinic):

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**10. BIOGRAPHICAL DETAILS:**

Tick one or more of these boxes to indicate your education in health care:

- 1 IBCLC (ever certified)
- 2 Bachelor of Nursing or similar university degree
- 3 Registered Nurse
- 4 Registered Midwife
- 5 Maternal & Child Health Nurse
- 6 Health Visitor
- 7 Enrolled Nurse or Mothercraft Nurse
- 8 Dietician, Occupational, Speech or Physiotherapist
- 9 Medical Practitioner
- 10 Accredited mother support counsellor/leader
- 11 Other (please describe) \_\_\_\_\_

Tick one box which indicates your *highest* level of education in any field:

- 1 Doctoral Degree in \_\_\_\_\_
- 2 Master’s Degree in \_\_\_\_\_
- 3 Bachelor Degree in \_\_\_\_\_
- 4 Graduate Diploma in \_\_\_\_\_
- 5 Tertiary Diploma/Registration e.g. RN or RM \_\_\_\_\_
- 6 Other (please describe) \_\_\_\_\_

**11. INDIVIDUAL CONSIDERATIONS:**

See further information in the *Candidate Information Guide*.

- I request special arrangements on the basis of my disability. I enclose further information and supporting documentation.
- I may need special consideration on the exam day because I am pregnant. Due: \_\_\_\_\_
- I wish to do the exam in a language other than English, I understand that, if there are not enough applicants wishing to do the exam in this language, there will not be a translation offered, and I will be entitled to a full refund or I may elect to do the exam in English.
- I wish to use a bilingual dictionary during the exam. I understand that I must submit it for checking, which may be required prior to the exam day

**12. REQUIRED QUESTIONS:**

Please answer all five questions below by circling, for each one, the response that applies to you. If you answer “Yes” to any question, please provide an explanation below. If more information is needed, the IBLCE will confidentially seek further information from you. Failure to answer one or more of these questions and/or failure to provide an explanation below for “YES” responses will delay processing of your application.

- (1) In the past ten (10) years, have you been, or are you currently, dependent on alcohol, narcotics, drugs, or any other substances that impair or limit, or if the dependency is left untreated is typically likely to impair or limit in the future, physically or mentally, more than only insignificantly, your ability to perform the essential duties (see Question 3 below for a list) of a health care provider, lactation consultant or breastfeeding counselor?  

**YES                      NO**
- (2) Do you currently suffer from any severe or chronic illness or disease that specifically impairs or limits, or if left untreated is typically likely to specifically impair or limit, more than only insignificantly, your ability to perform any of the essential duties (see Question 3 below for a list) of a health care provider, lactation consultant or breastfeeding counselor?  

**YES                      NO**
- (3) Have you ever been convicted of a crime (excluding minor traffic offences) that is by its nature specifically related to, or of specific importance for the evaluation of, your ability and trustworthiness to perform any of the essential duties of a health care provider, lactation consultant or breastfeeding counselor? These duties include: (1) the duty to preserve client’s/patient’s confidences; (2) the duty to act with reasonable diligence; (3) the duty to provide competent service; (4) the duty to maintain personal integrity; (5) the duty to report truthfully and fully to the health care system; (6) the duty to uphold the standards of the lactation consultant profession; (7) the duty to exercise independent professional judgment and to avoid conflicts of interest; (8) the duty to follow IBLCE disciplinary determinations; and (9) the duty to promote, protect and support breastfeeding.  

**YES                      NO**
- (4) Have you ever been the subject of a substantiated complaint for which disciplinary or remedial action was taken? Such actions include, but are not limited to, the revocation of any prior business or professional license, related to your actions, advice, performance or non-performance as a health care provider, lactation consultant or breastfeeding counselor, or other actions in the healthcare field (including but not limited to workplace complaints and complaints before an administrative body, licensing board, professional group, court, mediator, arbitrator or other tribunal).  

**YES                      NO**
- (5) Are you currently the subject of a complaint for which disciplinary or remedial action might be taken? Such actions include, but are not limited to, the revocation of any prior business or professional license, related to your actions, advice, performance or non-performance as a health care provider, lactation consultant or breastfeeding counselor or other actions in the healthcare field (including but not limited to workplace complaints and complaints before an administrative body, licensing board, professional group, court, mediator, arbitrator or other tribunal).  

**YES                      NO**

**RESPONSES TO REQUIRED QUESTIONS: If you answered “Yes” to any of the questions in section 12 above, please provide, in the space below, an explanation for your response.**

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**TERMS AND CONDITIONS:**

Please read the following statements carefully; and then sign and date at the bottom of the page. Any disputes arising hereunder will be settled in a court of law in Fairfax County, Virginia, USA. **Failure to sign and date at the bottom of this page will delay processing of your application.**

**I WISH TO APPLY** to sit for the IBLCE Certification Examination for lactation consultants. I acknowledge that the exam is held only on one date each year (the last Monday in July) and offered in a multiple-choice format only.

**I CERTIFY THAT** the information provided in and with this application is correct and includes all relevant information.

**I UNDERSTAND THAT** my application may be audited. If my application is audited, I will be required to provide sufficient information to prove my eligibility. I also understand that if the information and documentation I provide is not sufficient and/or it is not provided by the deadline specified by the IBLCE, I will not be permitted to take the exam.

**I AGREE TO** IBLCE’s exam fees, closing dates for applications and all policies relevant to exam application, payment, and appeals, all as outlined in the IBLCE exam application materials specific to my country. I understand that if I fail to comply with these policies, I will be subject to consequences including, but not limited to, additional fees and/or ineligibility to sit the exam.

**I AGREE THAT,** if I successfully pass the examination, my name will become a part of the IBCLC Registry, and that the IBLCE reserves the right to provide verification of certified individuals in the interests of public protection.

**I AGREE TO** uphold the standards of the International Board Certified Lactation Consultant (IBCLC) profession by abiding by the *IBLCE Code of Ethics for IBCLCs*, the *IBLCE Scope of Practice for IBCLCs*, the *Clinical Competencies for IBCLC Practice* and the *IBLCE Documentation Guidelines*. Furthermore, I understand that IBLCE has the sole authority to interpret and administer the provisions of the publications referenced in the preceding sentence.

**I AGREE TO** be governed by the *IBLCE Disciplinary Procedures* for any breach of the *IBLCE Code of Ethics for IBCLCs*, the *IBLCE Scope of Practice for IBCLCs*, the *Clinical Competencies for IBCLC Practice* and/or the *IBLCE Documentation Guidelines*. Furthermore, should an ethics complaint be filed against me, I understand that I have a duty to participate in and cooperate with the disciplinary process. (Please refer to [www.iblce.org](http://www.iblce.org) for a copy of these publications.)

**I KNOWINGLY AND INTENTIONALLY WAIVE** any rights I have under applicable law to request, review or receive any specific information regarding the wording or content of a question or the image or content of a photograph which is part of the IBLCE exam item bank, since I understand that IBLCE must keep this information confidential in order to preserve the integrity of the exam process.

**I AGREE THAT,** after reviewing this application and accompanying documentation, the IBLCE may make additional inquiries as it deems appropriate to verify the information I have provided and to ascertain my character and fitness to engage in the practice of lactation consulting. I understand that I may be disqualified on the basis of conduct that is immoral, unprofessional, dishonest, or contrary to fitness to practice as a lactation consultant.

**I UNDERSTAND THAT** the IBLCE considers satisfactory mental health to be a prerequisite for certification, including the current absence of an untreated, uncontrolled mental illness that impairs or limits an applicant’s ability to practice as a lactation consultant in a competent and professional manner, and the unlikelihood of a relapse of any such prior mental illness.

**I UNDERSTAND THAT** the primary way in which the IBLCE will communicate with me is through email. Accordingly, I understand that the IBLCE respects the privacy of individuals and has implemented a privacy policy to ensure that the IBLCE collects, processes, and uses personal information in a manner that conforms to the highest standards. (This Privacy Policy is available at [www.iblce.org](http://www.iblce.org).)

**Signature of Applicant** \_\_\_\_\_

**Date** \_\_\_\_\_