

6. CERPs RECORD AND CALCULATION

Name: _____

(Complete this section only if you are recertifying by CERPs – ignore this section if you are applying to recertify by exam)

Before you start recording your CERPs, you may photocopy this form to make extra blanks. For complete instructions, see the *CERPs Recertification Information Sheet* or *Booklet*.

Write in the details for each program or session you have attended. Please write the ID numbers for each line on the corresponding documents and file them in order, to facilitate matching. It is suggested that you first record all programs which have had CERPs allocated. If these already approved CERPs have been confirmed in your “Blue Booklet”, you do not need to send CERP attendance certificates. Transfer all programs from your blue booklet and/or fill in the programs from your certificates of attendance. Then record, in chronological order, programs or sessions for which you need to apply for individual CERPs.

ID #	DATE	ORGANISATION	TITLE OF SESSION OR PROGRAM	PRESENTED BY	L CERPs	E CERPs	R CERPs
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

17							
18							
19							
20							
21							
22							
23							
CATEGORY L CERPs (minimum 50)							
CATEGORY E CERPs (minimum 5)							
CATEGORY R CERPs (maximum 20)							
TOTAL NUMBER OF L, E AND R CERPs (minimum 75)							

Please ensure you complete sections 7., 8., 9., 10. and 12. whether you are applying to recertify by exam or by CERPs.

7. CURRENT LACTATION CONSULTANT STATUS: Tick ONE box which best applies to your current situation

- I currently function as a paid lactation consultant averaging _____ hours per week (includes private practice).
- I do not currently function as a paid lactation consultant
- I use my lactation consultant skills in another paid capacity (e.g. while employed as a midwife)
- I use my lactation consultant skills in a volunteer capacity

Is your work as a lactation consultant dependent on your IBCLC certification?

Tick the box which best applies Yes No

8. PRINCIPAL CURRENT EMPLOYMENT SETTING: Tick ONE box only - which best applies:

- | | | |
|---|---|--|
| <input type="checkbox"/> 1 Hospital maternity | <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):
