



**Section 4: ELIGIBILITY PATHWAY:** Please enclose a copy of your transcript, diploma or license as proof of your pathway eligibility. Note: RN license does not verify Pathway A. (See page 9 of the 2008 Candidate Information Guide for details about standard pathways.)

If you are using one or both of the supplemental pathways, please enclose all required documentation. (See page 11 of the 2008 Candidate Information Guide for details about supplemental pathways.)

**Standard Pathway:** (Circle one.)    **A**    **B**    **C**    **D**    **E**    **F**    **Supplementary Pathway:** (If applicable, circle one or both.)    **G**    **H**

**Section 5: REFERENCES:** At least one reference must be from a supervisor who can verify the breastfeeding consultancy hours accumulated in the last five (5) years. Where possible, please ask the person giving the reference to attach a business card or sheet of letterhead to their reference, enclose the reference in a business size envelope, seal it and sign their name across the seal to ensure confidentiality. (See page 22 of the 2008 Candidate Information Guide for details.)

\_\_\_ I have enclosed 2 original, signed references. (Faxed or copied references will not be accepted.)

**Section 6: EXAM SITE:** Please list your first and second choices for exam site. (See the 2008 Exam Application Supplement for a complete list of exam sites.)

**First Choice** \_\_\_\_\_ **Second Choice** \_\_\_\_\_

**Section 7: SPECIAL TESTING ARRANGEMENTS:** (See page 23 of the 2008 Candidate Information Guide for details.)

- I request special testing arrangements. I have enclosed an explanation and supporting documentation.
- I would prefer to take the exam in the following language: \_\_\_\_\_. I understand that fulfillment of my request depends upon the translations available for the 2008 exam year.
- I wish to use a bilingual dictionary during the exam. I understand that the exam site proctor must receive the dictionary for review at least seven (7) days before the exam.

**Section 8: HEALTH DISCIPLINES BACKGROUND EDUCATION:** Check the one (1) option that indicates the documentation you have enclosed. (See page 6 of the 2008 Candidate Information Guide for details). This requirement **must** be completed prior to submitting your application. There are no exceptions to this rule.

\_\_\_ I have enclosed a copy of my license, registration or diploma as a licensed or registered health care professional.

\_\_\_ I have enclosed copies of transcripts, course outlines or certificates which demonstrate completion of this background education requirement.

**Section 9: EDUCATIONAL BACKGROUND:** Check the 1 option that indicates your highest level of education in any field.

\_\_\_ High School Diploma      \_\_\_ Baccalaureate Degree      \_\_\_ Doctoral Degree      \_\_\_ Other: \_\_\_\_\_  
\_\_\_ Associates Degree      \_\_\_ Masters Degree      \_\_\_ Doctor of Medicine or Osteopathy

**Section 10: LICENSE & CERTIFICATION BACKGROUND:** Please check all that apply.

\_\_\_ Accredited Mother-to-Mother      \_\_\_ Doctor of Medicine      \_\_\_ Occupational Therapist      \_\_\_ Registered Nurse Clinician  
   Support Counselor (volunteer)      \_\_\_ Doctor of Osteopathy      \_\_\_ Physical Therapist      \_\_\_ Speech Pathologist  
\_\_\_ Certified Childbirth Educator      \_\_\_ Doula      \_\_\_ Physicians Assistant      \_\_\_ Other: \_\_\_\_\_  
\_\_\_ Certified Nurse Midwife      \_\_\_ Licensed Practical Nurse      \_\_\_ Registered Dietician  
\_\_\_ Certified Professional Midwife      \_\_\_ Nurse Practitioner      \_\_\_ Registered Nurse

**Section 11: PRINCIPAL EMPLOYMENT SETTING:** Please check the one (1) option that best applies.

\_\_\_ Birth Center      \_\_\_ Clinic/Community      \_\_\_ Educational      \_\_\_ Health Maintenance Organization  
\_\_\_ Hospital      \_\_\_ Independent Educator      \_\_\_ Physician's Office/Medical Practice  
\_\_\_ Private Practice      \_\_\_ Volunteer      \_\_\_ WIC (US only)      \_\_\_ Other: \_\_\_\_\_

Print Your Name \_\_\_\_\_

**Section 12: PRIMARY AREA OF SPECIALIZATION:** Please check the one (1) option that best applies.

Accredited Mother-to-Mother       Lactation       Obstetrics       Other: \_\_\_\_\_  
 Support Counselor (volunteer)       Neonatal Intensive Care       Pediatrics  
 Childbirth Education       Nutrition       Peer Counselor

**Section 13: LACTATION EDUCATION:** (Examples are in gray boxes below. See pages 24-25 of the 2008 Candidate Information Guide for detailed instructions.)

You are required to demonstrate completion of at least **forty-five** [45] hours of professional education specific to lactation or breastfeeding management. Certificates for this education must show completion dates **no earlier than January 1, 2005 and no later than July 27, 2008** and must be specific to lactation or breastfeeding management. Any education scheduled, but not yet completed at the time of your application, **must** be completed by July 27, 2008. Applications submitted prior to completion of education hours are subject to late document fees. **Remember! All certificates of completion and all fees must be received before exam results will be released. There are no exceptions to these rules.**

1 PROGRAM DATE(S)	2 PROGRAM NAME or SESSION TITLE	3 PRESENTER	4 LOCATION	5 CERTIFICATION ENCLOSED	6 HOURS EARNED
2/15-19/2006	<i>Lactation Consultant Training Course</i>	<i>John Smith</i>	<i>Goode Hospital Fairfax, VA, USA</i>	<i>Yes</i>	<i>46.3</i>
<b>Total Lactation Specific Education Hours:</b> (MINIMUM: 45 hours )					

Print Your Name \_\_\_\_\_

**Section 14: BREASTFEEDING CLINICAL PRACTICE EXPERIENCE (BC HOURS):** (Examples are in gray boxes below. See pages for 25-27 of the 2008 Candidate Information Guide for detailed instructions.) Please refer to the description of eligibility pathways on page 9 of the 2008 Candidate Information Guide to find how many hours you are required to report and use the chart below to convert your years of experience into hours. **Please Note:** At least 50% of your reported hours must have been acquired through providing one-to-one counseling. **All required BC hours must be completed prior to submitting your application.** There are no exceptions to this rule.

1 PLACE OF WORK	2 TITLE or POSITION	3 NATURE OF WORK	4 START & END DATES	5 TOTAL WEEKS WORKED	6 AVERAGE HOURS PER WEEK	7 TOTAL HOURS WORKED	8 HOURS PER WEEK AS BF COUNSELOR	9 ONE-TO- ONE BC HOURS	10 GROUP BF CLASS BC HOURS	11 PHONE or EMAIL BC HOURS
<i>Mercy Hospital, Baltimore, MD USA</i>	<i>Staff Nurse, Maternity</i>	<i>postpartum care</i>	<i>4/97 to 10/99</i>	<i>123</i>	<i>40</i>	<i>4920</i>	<i>12</i>	<i>1476</i>		
<i>Mercy Hospital, Baltimore, MD USA</i>	<i>Outpatient Clinic</i>	<i>taught breastfeeding class; staffed warm line</i>	<i>4/97 to 10/99</i>	<i>123</i>	<i>3</i>	<i>369</i>	<i>3</i>		<i>249</i>	<i>120</i>
<b>A. Total One-To-One BC Hours (must be at least 50% and up to 100% of grand total)</b>										
<b>B. Total Group Breastfeeding Class BC Hours (can be no more than 25% of grand total)</b>										
<b>C. Total Telephone or Email BC Hours (can be no more than 25% of grand total)</b>										

**D. GRAND TOTAL BC HOURS:** (Add together rows A, B and C.) \_\_\_\_\_

Print Your Name \_\_\_\_\_

**Section 15: SIGNED STATEMENT:** Please read this statement carefully, circle the appropriate response to each of the four (4) questions below, 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.

**I WISH TO APPLY** to sit for the IBLCE Certification Examination in 2008. 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** I may not be allowed to be a candidate for the IBLCE examination if I do not provide sufficient information to prove my eligibility or if my application is not complete. I also understand that, even if permitted to take the exam, I will not receive my exam results or, if successful, my certificate until I have forwarded all the information and documentation necessary to complete my file.

**I AGREE TO** the IBLCE's exam fees, closing dates for applications and late applications, refund policy, and the Appeals Policy, all as outlined in the *Candidate Information Guide* and the *Application Supplement* specific to the exam year and my country.

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

**I AGREE TO** be governed by the Code of Ethics for International Board Certified Lactation Consultants during the period of my certification and to be governed by the IBLCE Disciplinary Procedures for any violations of the Code of Ethics for International Board Certified Lactation Consultants (Please refer to page 19 of the 2008 Candidate Information Guide for a copy of the Code of Ethics and to [www.iblce.org](http://www.iblce.org) for a copy of the IBLCE Disciplinary Procedures).

**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 consultation. 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.

**Please answer all four questions below by circling, for each one, the response that applies to you.**

If you answer "Yes" to any question, please attach a signed letter describing the circumstances, and explain the current status of the situation. If medical or psychological, please provide IBLCE with a signed letter from your health care provider stating that the condition is cured or controlled to the extent that it would not impair your ability to practice as a lactation consultant. If you are involved in litigation, please attach a copy of the Complaint. If more information is needed, the IBLCE will confidentially seek further information from you.

- (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, including 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)? Or are you currently the subject of such a complaint? **Yes    No**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Print Your Name \_\_\_\_\_

**Section 16: LANGUAGE:** Your answers to the following questions will help us identify the languages most often spoken by our exam candidates and plan for future exam translations.

What is your primary language? \_\_\_\_\_

Do you speak any other languages fluently? Yes No If yes, which languages? \_\_\_\_\_

Which language do you speak most of the time at your place of work? \_\_\_\_\_

**Section 17: FINDING US:** How did you first find out about the IBLCE certification program for IBCLCs?

\_\_\_\_ friend or colleague Is your friend or colleague an IBCLC? Yes No \_\_\_\_\_ my place of work \_\_\_\_\_ newsletter or journal article

\_\_\_\_ conference or workshop exhibit \_\_\_\_\_ IBLCE website \_\_\_\_\_ IBLCE brochure \_\_\_\_\_ IBLCE office staff

\_\_\_\_ other \_\_\_\_\_

**Section 18: APPLICATION CHECKLIST:** Please mark the checklist below to indicate all items you have included with your application. If you fail to include all required documentation with your application, you will be subject to additional administrative fees.

- A copy of your license or diploma as a registered or licensed health care professional **OR** copies of certificates, course outlines or transcripts demonstrating completion of coursework in the six (6) health disciplines listed on page 6 of the *2008 Candidate Information Guide*.
- A copy of your diploma, transcript or license to verify your eligibility pathway. Note: RN license does not verify pathway A.
- Copies of certificates of completion for lactation specific education you have already completed.
- List of any lactation specific education for which you are registered, but have not yet completed. (All lactation specific education must be completed no later than July 27, 2008 and candidates must pay additional administrative fees when submitting this delayed documentation).
- TWO original professional reference forms or letters in sealed envelopes.
- Exam fee and completed 2008 Exam Payment Form.
- I have read, answered all questions, signed and dated the SIGNED STATEMENT in Section 15 of this application. If appropriate, I have enclosed an explanatory letter for any "Yes" responses.

**Please make a copy of your completed application and all accompanying documents for your records.**

#### MAILING THE APPLICATION

- 1. Application Form & Documentation:** Enclose the completed 2008 IBLCE Exam Application Form and all the necessary documentation in a large envelope. Do **not** fold the application form or any of the documentation.
- 2. Payment:** Insert the completed 2008 Exam Payment Form and your payment in the same large envelope. Place the payment form and payment on top of the completed application form. Do **not** staple your check or money order to the Payment Form. Please note that the amount of payment required depends upon the date your application is postmarked.
- 3. Mail:** Mail your completed application, supporting documentation, payment and payment form to the address listed on the 2008 Payment Form.

Print Your Name \_\_\_\_\_