

Print Your Name: _____

Section 5: General Education in the Health Sciences

Do you hold credentials in at least one of the health professions listed below? Yes No

Chiropractor	Nurse	Physician/Medical Doctor
Dentist/Dental Hygienist	Occupational Therapist	Physician's Assistant
Dietitian/Nutritionist	Pharmacist	Psychologist/Social Worker
Midwife	Physical Therapist/Physiotherapist	Speech Pathologist/Therapist

1. If you answered "Yes," please enclose a copy of your license, registration, diploma, transcript or degree in one of the health professions listed above.
2. If you answered "No," please complete the following table and enclose copies of your transcript(s) or certificate(s) that show your successful completion of each course listed in the table.

Health Science Subject	Name of Course You Completed	Name of College, University or Provider
Biology		
Human Anatomy		
Human Physiology		
Infant and Child Growth and Development		
Nutrition		
Psychology <u>or</u> Counseling <u>or</u> Communication Skills		
Introduction to Research		
Sociology <u>or</u> Cultural Sensitivity <u>or</u> Cultural Anthropology		
Basic Life Support		
Medical Documentation		
Medical Terminology		
Occupational Safety and Security for Health Professionals		
Professional Ethics for Health Professionals		
Universal Safety Precautions and Infection Control		

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Section 6: Lactation Specific Clinical Practice Hours

Pathway 1 candidates must report at least 1000 hours of clinical practice in providing care to breastfeeding families that was obtained between January 1, 2007 and the date that they mail their application packet to IBLCE in the Americas. Choose ALL of the options that describe the lactation specific clinical practice hours you are reporting.

I am reporting hours obtained while practicing in one of the following health professions.

- | | | |
|--------------------------|------------------------------------|------------------------------|
| Chiropractor | Nurse | Physician/Medical Doctor |
| Dentist/Dental Hygienist | Occupational Therapist | Physician's Assistant |
| Dietitian/Nutritionist | Pharmacist | Psychologist/Social Worker |
| Midwife | Physical Therapist/Physiotherapist | Speech Pathologist/Therapist |

I am reporting hours obtained while volunteering as an accredited mother support counselor for one of the following organizations.

- | | | |
|--|--|---|
| Australian Breastfeeding Association (ABA) | La Leche League International (LLLl) | Nourri Source |
| BACE – Nursing Mother’s Council | Malaysian Breastfeeding Peer Counselor | Nourri Lait |
| Breastfeeding Mothers’ Support Group - Singapore | Mother-2-Mother – Taiwan | Nursing Mothers Advisory Council (NMAC) |
| | Nursing Mothers Counsel | |

I am reporting hours obtained while working as a non-health professional for one of the health delivery organization types listed below and my supervisor is an IBCLC or other health professional who works in the same location in which I work.

- | | | |
|------------------|--------------------------------|---|
| Birth Center | Hospital | Primary Care Practitioner’s Practice/Office |
| Community Clinic | Lactation Care Clinic/Practice | |

To calculate the number of lactation care hours per job, multiply the number of months you worked on the job by the average number of lactation care hours you provided each month on the job. **Please Note:** If you are reporting hours obtained while volunteering as an accredited mother support counselor, such as a La Leche League Leader, you may report up to 500 hours for each year that you have volunteered.

Name & Location of Workplace	Start Date (MM/YY)	End Date (MM/YY)	Number of Months Worked	Average Hours per Month Providing Lactation Care	Lactation Care Hours per Job
Total Lactation Care Practice Hours					

Enclose 2 letters of reference from individuals who can verify your Pathway 1 lactation specific clinical practice hours. Your references should be from individuals who can attest to the fact that you work/volunteer with breastfeeding families and verify that your reported hours are a reasonable estimate. {Letters from individuals who are also candidates for the 2012 exam and individuals who are relatives will not be accepted.} These letters of reference must be original, signed letters that include the references’ names and contact information and are provided in sealed envelopes marked “Personal and Confidential” and with your name on the envelope. **Please Note:** If you have reported hours that were obtained while volunteering as an accredited mother support counselor, one of your letters of reference must be from your accrediting organization and the letter must indicate the beginning and end dates of your active volunteer service.

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Section 7: Lactation Education

Pathway 1 exam candidates must report at least 90 hours of education in human lactation and breastfeeding that were completed within the past 5 years. IBLCE will permit you to apply for the exam prior to completion of this lactation education and the following Memorandum of Understanding outlines the terms and conditions of this privilege.

Memorandum of Understanding: Please carefully read the following terms and conditions and choose the option that best describes your status with regard to completion of the required lactation education.

- a. I understand and agree that IBLCE will permit me to apply for the certification exam for lactation consultants before I have completed the required 90 hours of education in human lactation and breastfeeding and that, with this privilege, I must abide by the following terms and conditions. Furthermore, my signature confirms that I have read, understand and agree to be bound by these terms and conditions.
- b. I understand and agree that documentation which verifies that I have completed 90 hours of education in human lactation and breastfeeding must be **received** in the IBLCE in the Americas office by no later than **June 15, 2012**.
- c. I acknowledge, understand and agree that if I am unable to complete the required education, I must withdraw in writing on or before **June 15, 2012** in order to receive a partial refund of exam fees. Furthermore, I acknowledge that **June 15, 2012** is five (5) days prior to the standard withdrawal deadline and I understand and agree to abide by the **June 15, 2012** deadline for withdrawal/cancellation of my plans to take the 2012 IBLCE exam.
- d. If I fail to withdraw in writing, by email, mail or fax, by **June 15, 2012**, I understand and agree that I will permanently forfeit all rights to a partial refund. Furthermore, I understand and agree that, if I withdraw from the IBLCE exam by **June 15, 2012**, a partial refund is my only option and that the fees I paid may not be applied to a subsequent year's exam.
- e. I understand and agree that it is my responsibility to submit the documentation that verifies completion for the lactation education in a timely manner so that the documentation is **received** in the IBLCE in the Americas office by no later than **June 15, 2012** and that this Memorandum of Understanding is the **only** notification that I will receive of this requirement and responsibility. Furthermore, I understand and agree that any issue that I have about the availability or accuracy of the required documentation must be addressed with my education provider, not with IBLCE.

Please choose one of the following options.

- I HAVE completed 90 hours of education in human lactation and breastfeeding and my signature on the last page of this report confirms that I have read, understand and agree to the terms and conditions of this Memorandum of Understanding.
- I have **NOT** completed 90 hours of education in human lactation and breastfeeding; however I am enrolled in a course(s) that, if completed, will fulfill the lactation education requirement. Furthermore, my signature on the last page of this report confirms that I have read, understand and agree to be bound by the terms and conditions of this Memorandum of Understanding.

For the 2012 exam, you may report lactation education that was obtained as early as January 1, 2007. Please use the following table to record the lactation education courses that you have completed and/or lactation education courses in which you are enrolled but have not yet completed.

For each of the lactation education courses listed, please enclose documentation that demonstrates completion of the course. For courses in which you are enrolled but have not yet completed, please enter the anticipated date of completion and indicate how many hours of education you expect to earn [Note that you must abide by the terms and conditions of the above Memorandum of Understanding for any course you have not yet completed.] **Failure to enclose the required documentation will delay review of your application and you will be billed for an Incomplete Application fee. Failure to abide by the terms and conditions of the Memorandum of Understanding will result in your being denied eligibility to take the 2012 IBLCE exam.**

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Section 8: Required Questions

Please answer all three of the following questions by circling, for each one, the response that applies to you. If the answer to one or more of these questions is “Yes”, please include an explanation of circumstances on a signed and dated separate sheet(s). Place these explanatory sheets in a sealed envelope marked “Personal and Confidential” and submit them with the rest of your application forms. (Please omit all misdemeanors and offenses committed before your 18th birthday.) Failure to answer one or more of these questions and/or failure to provide an explanation and current status for “YES” responses will delay processing of your application and you will be subject to an Incomplete Application fee.

- | | | |
|--|-----|----|
| (1) Have you ever been convicted of a felony (or in military service convicted by a general court martial)? | Yes | No |
| (2) Have you ever had a professional membership, license, registration or certification denied, suspended or revoked (other than for lack of minimum qualification or failure of examination)? | Yes | No |
| (3) Have you ever been censured or disciplined by any professional body or organization? | Yes | No |

Remember to enclose explanations for any “Yes” responses.

Section 9: Acknowledgements and Attestations

Please read the following statements carefully; and then sign and date at the bottom of the next page. Failure to sign and date at the bottom of the next page will delay processing of your application and you will be subject to an Incomplete Application fee.

- I expressly acknowledge and agree that I have read the IBLCE® Code of Professional Conduct and the IBLCE Disciplinary Procedures. I understand that upon submission of my application, I will be subject to the IBLCE Code of Professional Conduct, IBLCE Disciplinary Procedures, and all applicable IBLCE policies and procedures.
- In submitting this application, I fully understand that this is an application only and does not guarantee certification. I agree to submit to a multiple choice examination and supply further information as determined by IBLCE.
- I expressly understand and acknowledge that any false statement or misrepresentation that I may make in the course of the application or examination process, or otherwise in connection with IBLCE matters, may result in the revocation of this application, disciplinary action pursuant to the Code of Professional Conduct and/or suspension or revocation of the opportunity to reapply for certification.
- I also certify that the information I have provided on this application and in any supporting documents is accurate, true, and correct to the best of my knowledge and belief. I acknowledge and agree to abide by and with the policies and procedures promulgated and/or modified from time to time by IBLCE regarding examination irregularities, cheating, and cancellation of scores.
- I acknowledge and agree that I am prohibited from transmitting information about IBLCE examination questions or content in any form to any person or entity and that my failure to comply with this prohibition, or my failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by myself or others, may result in my scores being cancelled or my certification being revoked in accordance with IBLCE policies and procedures and/or legal action against me, including criminal prosecution.
- I agree to inform and release to IBLCE and its designated agents all pertinent information about my qualifications or about other matters that may arise in connection with my application and/or my subsequent certification or recertification by IBLCE. I understand that IBLCE may release any information I have submitted in connection with my application when I have consented to such release or in order that IBLCE may comply with applicable legal, judicial, or administrative requests.
- I hereby consent to the personal jurisdiction of the courts of the Commonwealth of Virginia, United States, with respect to any dispute in connection with this application or my certification, if awarded. I also hereby indemnify, hold harmless, and release IBLCE, its officers, directors, employees, volunteers, and agents, in connection with any claims, actions, or demands related in any way to my application to or certification by IBLCE.

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- I understand that my application is subject to random audit. If my application is audited, I may be required to provide information to prove my eligibility. I also understand that, if the information and documentation I provide is not sufficient as determined by IBLCE and/or it is not provided by the deadline specified by IBLCE, I may not be permitted to take the examination at the requested date.
- I understand that IBLCE reserves the right to revise or update this application; and the Code of Professional Conduct; and that it is my responsibility to be aware of all current requirements. I further understand that I am obligated to inform IBLCE of changed circumstances that may materially affect my application. I further understand and expressly acknowledge that it is my responsibility to provide any requested documentation in connection with this application.
- I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute a warranty or guarantee of my fitness or competency to practice as a lactation consultant. If I am certified, I authorize IBLCE to include my name in a list of certified individuals and agree to use the IBCLC® designation, RLC® designation and/or related trade names, trademarks and logos only as permitted by IBLCE. Furthermore, I understand and agree that should my certification as an IBCLC and/or RLC lapse or be revoked; I will discontinue using the designations IBCLC and/or RLC.
- I understand and agree that IBLCE may also use anonymous and aggregate application and examination data for statistical and research purposes.
- I attest that I have disclosed any and all felony convictions, professional licensing actions, and professional association discipline, and understand that I am obligated to inform IBLCE of any future actions.
- I acknowledge and agree to abide by IBLCE exam fee refund policies.
- I agree that my signature below confirms that I have read, understand and agree to be bound by the terms and conditions of the Memorandum of Understanding with regard to the completion of the lactation education requirement.

I hereby acknowledge and attest to the above statements, terms and conditions.

Signature

Date

Please make a copy of this report then complete the online application form named “2012 IBLCE Exam: Americas.” You can find the link to the online application form on the Americas website at <http://www.americas.iblce.org/apply-for-the-iblce-exam>

Once you have completed the online application form, send **all** of the following information in a large envelope to the address listed on the Exam Payment Form:

- The original, signed version of this Pathway 1 Report
- All supporting documentation specified on this Pathway 1 Report
- A completed Exam Payment Form
- Payment of the exam fee associated with the date that you postmark your envelope
 - If your employer is paying for your exam fee, you are responsible for making arrangements with your employer for payment to be postmarked by the deadlines specified in the Exam Candidate Supplement. If your employer pays the incorrect fee, you, not your employer, are responsible for paying the difference.
 - If you are applying for a MILCC scholarship, your MILCC application form must be included with all of the above listed application materials and postmarked by no later than January 31, 2012.