

IBCLC Care Award Application Form Checklist: Hospital-Based Facilities

Listed below is all necessary information you will need BEFORE you apply online for the IBCLC Care Award program for your hospital-based facility. You will receive an email copy of your application after completion.

1. Facility Information

- a. Facility name (this will be used on your facility's certificate, if approved)
- b. Facility mailing address (please include your department/building/room number)
- c. Facility website (optional, if your facility has a website)
- d. Does your hospital offer **a dedicated lactation support program at least 5 days per week?**
- e. Does the hospital offer outpatient lactation follow-up services?
- f. How many IBCLCs® are currently hired at your facility?
 - i. Full name **and** IBCLC number of at least one (1) currently hired IBCLC
- g. What is the average number of deliveries per year?

2. Contact Information

- a. Your name, email address and preferred phone number. You will be the primary contact for your facility's award. IBLCE or ILCA may request additional information from you during the application and review process. **Please reply within ten (10) days.**

3. Project Information

- a. Project start date **between January 2015 and January 2017**
- b. Project Title (e.g., establishment of a lactation consultant service, setting up a lactation consultant warm line, etc.)
- c. Documentation to upload of the (1) description of the project; (2) goal of the project; (3) any outcomes of the project as one (1) file, and (4) evidence of the project (i.e., brochure, newsletter, flyer, etc.) preferably as a PDF.
- d. Project website address (optional, if applicable)

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[For more information, contact IBLCE at award@iblce.org]



4. Training and/or Update Information

- a. Training start date between **January 2015 and January 2017**
- b. How often does this facility conduct training or updates?
- c. Documentation to upload of the (1) objectives and (2) content outline, as one (1) file; and (3) PowerPoint slides or handout/poster or brochure, etc. as one (1) file, preferably as a PDF in "handout" format, with 4 slides to a page. Word or PowerPoint files are also acceptable.

5. Baby-Friendly® Hospital Initiative (BFHI) (optional)

- a. Is your facility designated as Baby-Friendly?
- b. Date (Month, Day, Year) your facility obtained the designation
- c. Description of your facility's last project for Baby-Friendly

6. Administrative Fee (\$30.00 USD)

- a. There is a \$30 administrative fee to apply for the IBCLC Care Award. Credit card is the preferred method of payment, however, checks are accepted.
 - i. Credit card payments are due at the time of submission.
 - ii. **All checks should be postmarked by February 17, 2017 and received no later than Friday, February 24, 2017. If payment is not received by February 24th, your application will be considered incomplete and ineligible for review.** Please make checks for Hospital-Based Facilities payable to "IBLCE". Our address is 10301 Democracy Lane, Suite 400, Fairfax, VA 22030.

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