

# 2018 IBCLC Care Award Application

## Facility Information

Facility Name: \*

Facility Website: \*

Mailing Address (Please include room number, department or building name) \*

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Contact Person: \*

First

Last

Contact Email Address: \*

Contact Phone Number: \*

Are you an Administrator or Supervisor at this facility? \*

## Facility Statistics

Please enter the information requested below relating to your facility.

How many IBCLCs® are currently hired at your facility? \*

Name of IBCLC®: \*

First

Last

IBCLC® ID Number: \*

Must be at least 5 characters. *Currently Used: 0 characters.*

Name of a Second IBCLC®:

First

Last

IBCLC® ID Number:

Must be at least 5 characters. *Currently Used: 0 characters.*

Including another IBCLC® is optional.

Name of a Third IBCLC®

First

Last

IBCLC® ID Number

Must be at least 5 characters. *Currently Used: 0 characters.*

Including another IBCLC® is optional.

Name of a Fourth IBCLC®:

IBCLC® ID Number:

First Last

Must be at least 5 characters. *Currently Used: 0 characters.*

Including another IBCLC® is optional.

Name of a Fifth IBCLC®

First Last

IBCLC® ID Number:

Must be at least 5 characters. *Currently Used: 0 characters.*

Including another IBCLC® is optional.

Does your facility offer a dedicated lactation program that is available at least 5 days a week?

\*

Does your facility offer outpatient lactation follow-up services? \*

What is your facility's average number of deliveries per year? \*

Have you applied for the IBLCE Care Award in the past? \*

### Project Information

Please include the information below for a new evidence-based project begun between January 2016 and January 2018 that protects, promotes and support breastfeeding and the IBCLC credential. Any dates that do not meet these requirements will be denied.

Project Name: \*

Project Website, if applicable:

Start Date: \*

End Date: \*

If this project is still in progress, please provide an estimated end date.

Project Description: \*

Must be at least 50 words. *Currently Used: 0 words.*

Goal(s) and Outcome(s) of Project : \*

Must be at least 50 words. *Currently Used: 0 words.*

Upload PowerPoint slides, newsletters, flyers, handout, poster and/or brochure as 1 PDF file.  
Any PowerPoint PDFs should be provided as "handouts" with 4 slides to a page. \*

No file chosen

Additional Supporting Documentation

No file chosen


**Facility Training/Update Information**

Please include the information below showing that this facility has conducted breastfeeding training/updates for nursing, medical, and other health professional staff who care for new families, and which was started between January 2016 and January 2018.

All education/trainings need to be provided by those free of commercial influence to prevent a conflict of interest. Any dates that do not meet these requirements will be denied.

Title of Training or Update: \*

Start Date: \*

/  /  

End Date: \*

/  /  

If training is still in progress, please provide an estimated end date.

How often does this facility conduct training or updates? \*

Description of Training and/or Updates: \*

Must be at least 50 words. *Currently Used: 0 words.*

Training/Update(s) Objectives : \*

Must be at least 50 words. *Currently Used: 0 words.*

Upload PowerPoint slides, handout, poster and/or brochure as 1 PDF file. Any PowerPoint PDFs should be provided as "handouts" with 4 slides to a page. \*

No file chosen

Additional Supporting Documentation

No file chosen

### Baby-Friendly® Hospital Initiative (BFHI)

The International Baby-Friendly® Hospital Initiative (BFHI) remains the most prestigious recognition that a hospital can attain, leading to dramatic improvements in successful breastfeeding outcomes.

Is your facility designated as Baby-Friendly®? \*

There is a \$50.00 USD administrative fee to apply.

Credit card payments are due at the time of submission.

NOTE: IBLCE no longer accepts payment via check.

### Terms of Use for IBCLC® Care Award Logo and Icon

If your facility is approved by IBLCE® and ILCA for the IBCLC® Care Award, the logo and corresponding icon will be provided to you. Your facility may then include the Award Logo and website link on your website or publications related to your acceptance and to promote the Award. The logo and icon is for facility use ONLY, and not for individual IBCLCs® or staff.

Please read the "Terms of Use" policy at [http://www.ibclccare.org/documents/Logo\\_TermsOfUse.pdf](http://www.ibclccare.org/documents/Logo_TermsOfUse.pdf) then check the box below and include your electronic signature stating that you have read, understand and agree to abide by the terms. These "Terms of Use" must be provided to any facility member who intends to use the logo or icon for the facility.

Check the box below \*

I agree to the Terms of Use

Enter your name, which serves as your electronic signature \*

First

Last