2018 IBCLC Community-Based Care Award

(Please include all necessary information in this form in English. Fields marked with a red asterisk (*) are required.)

**If you would like to pay by check, please print this form and submit it along with your payment of US$50.00 to the address listed at the bottom.

IBLCE®, or the International Board of Lactation Consultant Examiners®, is the independent international certification body conferring the International Board Certified Lactation Consultant® (IBCLC®) credential.

ILCA®, or the International Lactation Consultant Association®, is the independent professional association for health care professionals who care for breastfeeding families.

Community-Based Criteria:

- Have one or more dedicated lactation consultant support positions with IBCLC as the required credential and a dedicated lactation program available **at least 2 days per week**.
- Provide a description of how the agency/program/clinic/office promotes, protects and supports breastfeeding
- Provide documentation which includes **a description of a project** started in the last two years that promotes, protects and supports breastfeeding and/or the IBCLC certification. (January 2016 - January 2018)

The listing is valid for two (2) years and facilities and agencies must reapply before their expiration year to continue being listed in the directory.

Section 1 - Agency Information

Agency Mailing Information

Please enter the information requested for your agency below.
The "Agency Name" you enter will appear on the certificate if approved for the award.
The "Agency Address" should include your department/room/building for mailings to be sent to you.

Agency Name *

Agency Street Address *

Address Line 2

City

State / Region / Province

Postal / Zip Code

Country

United States

Agency Website

Agency Statistics

Please enter the information requested below relating to your agency.

Number of hours of dedicated lactation support provided per week *

IBCLCs Hired by Your Agency (REQUIRED CRITERIA)

This agency must have one or more dedicated lactation consultant positions with IBCLC as the required credential, and with a **dedicated** lactation program **at least 2 days per week**. Include both the first and last name of the IBCLC and their number found on their IBLCE® -distributed ID card.

Number of IBCLCs Currently Hired *

- One (1)
- Two-Nine (2-9)
- Ten-Nineteen (10-19)
- More than Twenty (20+)

Clear Selection

Name of IBCLC

First * Last * IBCLC ID Number *

Including another IBCLC is optional.

First Last Second IBCLC ID Number

Describe how the agency/program/clinic/office promotes, protects and supports breastfeeding. (50-100 word limit) **(REQUIRED CRITERIA)** *

Section 2 - Project

Project that Protects, Promotes and Supports Breastfeeding and the IBCLC Credential (REQUIRED CRITERIA)

Please include the information below for a new evidence-based project begun in the last two (2) years (**between January 2016 and January 2018**) that protects, promotes and supports breastfeeding and the IBCLC credential.

Project documentation, in English, should include: (1) description of the project; (2) goal of the project; (3) any outcomes or documentation of the project; and (4) mandatory evidence of the project (ie: brochures, newsletter, flyers etc). Please note that you may only attach one (1) file, preferably a PDF. A Word file is also acceptable.

ALL REQUIRED INFORMATION MUST BE SUBMITTED ON YOUR ORIGINAL SUBMISSION.

Beginning Date (MM/DD/YYYY) *

Type of Project *

Attach a File for the Description and Goals of the Project *

Choose File No file chosen

Attach a File of any Outcomes or Documentation of the Project *

Choose File No file chosen

Attach a File of Evidence of the Project (brochures, newsletter, flyers, etc.) *

Choose File No file chosen

Website for this Project (optional)

Breastfeeding Training and Updates to Staff (Not Mandatory)

We are interested in obtaining information on breastfeeding education training/updates for nursing, medical, and other health professional staff who care for new families. If your agency has conducted breastfeeding training education in your agency and within the last two (2) years you may complete the following questions. This is separate from the breastfeeding project. All education/trainings need to be free of commercial influence.

Does your agency provide any breastfeeding training? *

- Yes
- No

Clear Selection

If so, please describe the training.

If so, how often?

Baby-Friendly® Hospital Initiative (BFHI*)

*BFHI: In various parts of the world 'BFHI' is known as Baby Friendly Health Initiative (in Australia/New Zealand) or & 'BFI' Baby Friendly Initiative (in the UK). Both acronyms represent Baby Friendly in a Hospital and/or a Community Health Facility.

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

If your agency is not designated as Baby-Friendly, we strongly encourage you to implement the evidence-based "Ten Steps to Successful Breastfeeding" for a hospital or "The Seven Point Plan for Sustaining Breastfeeding in the Community" and begin the process toward Baby-Friendly recognition at www.unicef.org/nutrition/index_24806.html.

Is your agency designated as Baby-Friendly? *

- (•) No
- ( ) Yes

Clear Selection

If "Yes", when did your agency obtain the designation? (MM/DD/YYYY)

Description of your agency's last project for Baby-Friendly. (Must be between 2 - 200 words)

Section 3 - Contact Information

Your Contact Information

Please include all information so we may contact you.

If pieces are missing from your application, further information will be requested. IBLCE® and ILCA request that you respond within ten (10) days or your application review will be incomplete.

First *

Last *

Your Email Address *

Secondary Email Address (optional)

Your Phone Number *

Are you an Administrator or Supervisor at this agency? *

- (•) Yes
- ( ) No

Clear Selection

Marketing Personnel's Name

Marketing Personnel Email

Section 4 - Logo Terms of Use and Payment

Terms of Use for IBCLC Care Award Logo and Icon

If your agency is approved by IBLCE and ILCA for the IBCLC Care Award, the logo and corresponding icon will be provided to you. Your agency 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 agency use ONLY, and not for individual IBCLCs or staff.

Please read the Terms of Use policy 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 agency member who intends to use the logo or icon for the agency.

Check the box below *

- [ ] I agree to the Terms of Use

Clear Selection

Enter your name, which serves as your electronic signature

First * Last *

- [ ] Please include me in ILCA's email list.

Administrative Fee

There is a US$50.00 administrative fee to apply.

**If you would like to pay by check, please print this form and submit it along with your payment of US$50.00 to the address listed below:

International Lactation Consultant Association
ATTN: IBCLC Care Award
110 Horizon Drive, Suite 210
Raleigh, NC 27612
USA

Price * Total

0 $0.00

@ $50.00

Get New Image

Please enter the text from the image into the box below.

Note: the characters are case-sensitive.

Payment Information

Amount to Charge :	0
Payment Method :	[Select a Payment Type]
Name on Card :	
Card # :	
Expires:	
CSC (What's this?):	
Check # :	
PO # :	

Submit Form