

## 2016 IBCLC Community Care Award

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



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 **2-5 days** a 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 2014 - January 2016)

## 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

show info ▼

<input type="text"/>	
City <input type="text"/>	State / Region / Province <input type="text"/>
Postal / Zip Code <input type="text"/>	Country <input type="text" value="United States"/>
Agency Website <input type="text"/>	

**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 available 2-5 days a 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* <input type="text"/>	Last* <input type="text"/>	IBCLC ID Number* <input type="text"/>
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Including another IBCLC is optional.

First <input type="text"/>	Last <input type="text"/>	Second IBCLC ID Number <input type="text"/>
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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 2014 and January 2016**) 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 award requirement documents must be submitted with the original submission.**

Expiration Date (MM/DD/YYYY) \*

show info ▼

Type of Project \*

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

 No file selected.

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

 No file selected.

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

 No file selected.

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](http://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)

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### 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 \$30.00 USD administrative fee to apply. Using this online form, you **must pay by check** and payment must be provided within two (2) business days of this application's submission. If you want to pay by credit card, you must fill out a separate application.

Price \*

0

@ \$30.00

Total

\$0.00

show info ▼



[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 :

Payment Method :

Name on Card :

Card # :

Expires:

CSC ([What's this?](#)):

Check # :

PO # :

Your form submission WILL be encrypted using SSL to ensure your privacy.

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