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[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.

Facilities interested in obtaining the IBCLC Care Award may apply as a Hospital or a Community-Based Agency. This is the Community-Based Agency application, which is hosted by ILCA. For more information about the Hospital-based application, click [HERE](#).

Please carefully review the [Community Application Checklist](#) and [Frequently Asked Questions: IBCLC Care Award](#) prior to beginning the online application.

AWARD CRITERIA

Each Community-based facility must:

- have one or more dedicated lactation consultant support positions with IBCLC® as the required credential;
- have a dedicated lactation program available **at least 2 days per week**;
- provide a description of how the agency promotes, protects, and supports breastfeeding;
- have a lactation-specific project started between January 2021 to January 2023 that promotes, protects and supports breastfeeding and the IBCLC® credential; and
- provide documentation which includes a description of a project started between January 2021 and January 2023 that promotes, protects, and supports breastfeeding and/or the IBCLC® credential.
 - Documentation includes a description, goals, outcomes, and evidence (brochures, newsletters, flyers, etc).
- **PROJECT EXAMPLES:**
 - establishment of a lactation consultant service;
 - setting up a lactation consultant warm line;
 - establishment of a breastfeeding support group; and/or
 - establishment of inpatient skin-to-skin care.

ALL REQUIRED INFORMATION MUST BE INCLUDED IN YOUR INITIAL SUBMISSION.

PLEASE NOTE:

- **You cannot save your application and return later.** If you do not complete the required form with payment, your application will be considered incomplete and ineligible for review.
- All submissions must be made in **English**.
- A payment of **US\$50.00 by credit card or check is required to process the application.** To pay by credit card, proceed with this form. To pay by check, print this form and mail it, along with your payment of US\$50.00, to the below address. Entries must be postmarked by March 24, 2023. **Fax submissions will not be accepted.**
- All information collected will be used by ILCA Staff and volunteers to evaluate applications and contact applicants for decision notification.
- Fields marked with a red asterisk (*) are required.
- Upon receipt of the award, Community Centers are listed in the [IBCLC Care Directory](#) for two (2) years. Facilities must reapply before their expiration year to continue being listed in the directory.

COMMUNITY-BASED AGENCY INFORMATION

Community-Based Agency Name *

Website

Mailing Address Line 1 *

Mailing Address Line 2

City

State / Region / Province

Postal / Zip Code

Country

POINT OF CONTACT (POC)

First Name *

Last Name *

Email Address *

Phone Number *

Is the POC an Administrator or Supervisor at the agency? *

Yes

No

[Clear Selection](#)

AGENCY STATISTICS

Number of IBCLCs Currently Hired *

One (1)

Two-Nine (2-9)

Ten-Nineteen (10-19)

More than Twenty (20+)

[Clear Selection](#)

First Name *

Last Name *

IBCLC ID Number *

Please note that including another IBCLC is optional.

First

Last

Second IBCLC ID Number

Does your facility offer a dedicated lactation program that is available at least 2 days a week? *

Yes

No

[Clear Selection](#)

Number of hours of dedicated lactation support provided per week *

Have you applied for the IBCLC Care Award in the past? *

Yes

No

[Clear Selection](#)

If yes, please provide the year applied and a description of the project:

Project Name: *

Project Website: (if applicable)

Start Date (MM/DD/YYYY) *

End Date (MM/DD/YYYY) *

Project Description. Explain how this project has promoted, protected, and/or supported breastfeeding. *

List Project Goal(s) and Outcome(s) of your project and explain how they promote, protect, and/or support breastfeeding. *

Project Documentation: Upload PowerPoint slides, newsletters, flyers, handouts, posters, and/or brochures as one (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

AGENCY TRAINING AND UPDATES

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 between January 2021 and January 2023, you may complete the following questions. This is separate from the breastfeeding project. All education/trainings need to be free of commercial influence.

Title of Training or Update

Start Date (MM/DD/YYYY)

End Date (MM/DD/YYYY)

How often does your agency complete training updates?

- monthly
 quarterly
 semi-annually
 annually

[Clear Selection](#)

Training Description:

Training / Update Objective(s)

Training / Update Documentation: Upload PowerPoint slides, handouts, posters, and/or brochures as one (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/community can attain, leading to dramatic improvements in successful breastfeeding outcomes. If interested in more information, you can check out the UNICEF website [HERE](#).

Is your agency designated as Baby-Friendly? *

Yes

No

[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)

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 IBCLC Care Award 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 *

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

2001 K Street NW, #300

Washington, DC 2006

USA

Website for this Project (optional)

Price *

@ \$50.00

Total

Total Amount Due

\$ 0.00

Payment Method

I'm not a robot reCAPTCHA
Privacy - Terms

Fields marked with * are required.

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