

2026 IBCLC Care Award Application

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.

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

Each hospital-based facility must meet the following criteria:

1. The facility must have one or more lactation support positions with an IBCLC as the required credential and a **dedicated lactation program available at least 5 days a week.**
2. A lactation specific project started between **January 2024 and January 2026** that protects, promotes and supports breastfeeding and the IBCLC credential.
 - The IBCLC must instigate/initiate the project.
 - Include project description and all documentation.

Project examples: Establishment of a lactation consultant service, setting up a lactation consultant warm line, establishment of a breastfeeding support group, establishment of inpatient skin-to-skin care, a lactation quality Improvement activity etc. (Not working to achieve BFHI accreditation)

3. **Project documentation should include:** (a) description of the project; (b) goal of the project; (c) any outcomes or stats from the project (if available), and; (d) evidence of the project, (i.e., brochures, newsletters, flyers, etc.) as one (1) file. ****File size limit: 25MB****
4. Documentation of breastfeeding training/updates between **January 2024 and January 2026** for nursing, medical, and other health professional staff who care for new families and which is separate from the breastfeeding project. All education/trainings need to be provided by those free of commercial influence to prevent a conflict of interest.
 - a. Training/updates documentation should include: (a) objectives and (b) content outline, as one (1) file. ****File size limit: 25MB****

5. There is an administrative fee to apply.

Please see the [IBCLC Care Award Fee Guide](#) and pay according to Tier. **Note: Non refundable.**

IMPORTANT : ALL REQUIRED INFORMATION MUST BE SUBMITTED ON 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.

NOTE: IBLCE no longer accepts payment via check.

Facility Information

Facility Name: _____

Facility Website: _____

Address

Street Address

Address Line 2

City

State/Province/Region

Postal/Zip Code

Country

Contact Person

First

Last

Home Phone

E-mail Address

Are you an Administrator or Supervisor at this facility?

Multiple Choice: Yes No

Facility Statistics

Please enter the information request below relating to your facility.

How many IBCLCs® are currently hired at your facility?

Drop down select:

- 1 IBCLC®
- 2-5 IBCLC®
- 6-9 IBCLC®
- 10+ IBCLC®

Name of IBCLC®:

IBCLC® ID Number:

First *Last*

Minimum of 5 characters.

Including another IBCLC® is optional.

Name of Second IBCLC®:

IBCLC® ID Number:

First *Last*

Minimum of 5 characters.

Name of Third IBCLC®:

IBCLC® ID Number:

First *Last*

Minimum of 5 characters.

Name of Fourth IBCLC®:

IBCLC® ID Number:

First *Last*

Minimum of 5 characters.

Name of Fifth IBCLC®:

IBCLC® ID Number:

First *Last*

Minimum of 5 characters.

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

Multiple Choice: Yes No

Does your facility offer outpatient lactation follow-up services?

Multiple Choice: Yes No

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

Drop down select:

- less than 2,500
- 2,500 - 4,999
- 5,000 - 9,999
- 10,000 - 14,999
- 15,000 - 19,999
- 20,000 - 24,999
- 25,000 or more

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

Multiple Choice: Yes No

If Yes:

What Year?

What is the project that gained you the award? Please provide an update of the previous project.

Project Information

Please include the information below for a new evidence-based project begun between **January 2024 and January 2026** that protects, promotes and support breastfeeding and the IBCLC credential.

Important: Any dates that do not meet these requirements will be denied.

Project Name: _____

Project Website, if applicable: _____

State Date: _____ End Date: _____

MM/DD/YYYY

MM/DD/YYYY

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

Project Description:

Minimum of 50 words.

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

Minimum of 50 words.

Upload all application materials and evidence (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.

[UPLOAD LINK]

Additional Supporting Documentation

[UPLOAD LINK]

[UPLOAD LINK]

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 2024 and January 2026**.

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: _____

State Date: _____ End Date: _____

MM/DD/YYYY

MM/DD/YYYY

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

How often does this facility conduct training or updates?

Drop down select:

Answer

Answer

Answer

Description of Training and/or Updates:

Minimum of 50 words.

Training/Update(s) Objectives:

Minimum of 50 words.

Upload all application materials (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.

[UPLOAD LINK]

Additional Supporting Documentation

[UPLOAD LINK]

[UPLOAD LINK]

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®?

Multiple Choice: Yes No

If Yes:

When did your facility obtain the designation?

Description of your facility's last project for Baby-Friendly®:

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 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.

I agree to the Terms of Use.

IBLCE® Privacy Statement

IBLCE® respects the privacy of applicants. To protect this privacy, any personal information collected by IBLCE® will be used only by IBLCE® for the purpose of communicating with applicants.

Additionally, IBLCE® may share information such as the name of your facility, the name and some details about your project or educational training, the person(s) heading your project, and your facility's location (city, state, country) on www.IBCLCcare.org or via social media for the purposes of recognition and maintaining a directory of all active IBCLC® Care Award recipients.

I agree to the Privacy Statement

I certify that all the information provided as part of this application is true and complete to the best of my knowledge and belief.

Signature of Applicant

MM/DD/YYYY

Payment Information

There is an administrative fee to apply. Please see the [IBCLC Care Award Fee Guide](#) and pay according to Tier.

Credit card payments are due at the time of submission. Please complete the following information regarding the person who will be paying for this application.

NOTE: IBLCE no longer accepts payment via check.

Name:

First

Last

Country of Citizenship

Country of Residence

I agree to pay the application fee.

IMPORTANT
BEFORE YOU PRESS 'SUBMIT'
Have you ATTACHED ALL THE RELEVANT INFORMATION AND EVIDENCE ?
ALL INFORMATION MUST BE SUBMITTED ON THIS INITIAL SUBMISSION.

SUBMIT