

## **IBCLC Care Award Application Form Checklist: Hospital-Based Facilities**

Listed below is all information you will need **BEFORE** you apply online for the IBCLC Care Award program for your hospital-based facility. You will receive an email copy of your application after completion.

**ALL INFORMATION MUST BE SUBMITTED WITH YOUR INITIAL SUBMISSION.**

**You cannot save your application and return later.**

### **1. Facility Information**

- a. Facility name (this will be used on your facility's certificate, if approved)
- b. Facility mailing address (please include your department/building/room number)
- c. Facility website (optional, if your facility has a website)
- d. Does your hospital offer a **dedicated lactation support program at least 5 days per week?**
- e. Does the hospital offer outpatient lactation follow-up services?
- f. How many IBCLCs® are currently hired at your facility?
  - i. Full name **and** IBCLC number of at least one currently hired IBCLC
- g. What is the average number of deliveries per year?

### **2. Contact Information**

- a. Your name, email address and preferred phone number. You will be the primary contact for your facility's award. IBLCE or ILCA may request additional information from you during the application and review process. **Please reply within ten (10) days.**

### **3. Project Information**

- a. Project start date **between January 2024 and January 2026**
- b. Type of project or brief title (e.g., establishment of a lactation consultant service, setting up a lactation consultant warm line, etc.)
- c. Documentation to upload the 1) description of the project; 2) goal of the project; 3) any outcomes of the project as one file, and 4) evidence of the project (i.e., brochure, newsletter, flyer, etc.) preferably as a PDF.

**[www.IBCLCcare.org](http://www.IBCLCcare.org)**

For more information, contact IBLCE at [award@iblce.org](mailto:award@iblce.org)



- d. Project website address (optional, if applicable)
- 4. Training and/or Update Information**
  - a. Training start date between **January 2024 and January 2026** (Please note that **all education/trainings need to be free of commercial influence.**)
  - b. How often does this facility conduct training or updates?
  - c. Documentation to upload the 1) objectives and 2) content outline as one file; and 3) PowerPoint slides or handout/poster or brochure, etc. as one file, preferably as a PDF in "handout" format, with 4 slides to a page. Word or PowerPoint files are also acceptable.
- 5. Baby-Friendly® Hospital Initiative (BFHI) (optional)**
  - a. Is your facility designated as Baby-Friendly?
  - b. Date (Month, Day, Year) your facility obtained the designation
  - c. Description of your facility's last project for Baby-Friendly
- 6. Administrative Fee**
  - a. There is [an administrative fee](#) to apply for the IBCLC Care Award.
    - i. Credit card payments are due at the time of submission.

**ALL INFORMATION MUST BE SUBMITTED WITH YOUR INITIAL SUBMISSION.**  
**You cannot save your application and return later.**