



IBCLC Care Award

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

- 1 Facility Information 2 Contact Information 3 Project & Training 4 Logo Terms of Use

Facility Mailing Information

Please enter the information requested for your facility below.

The "Facility Name" you enter will appear on the certificate if approved for the award.

The "Facility Address" should include your department/room/building for mailings to be sent to you.

Facility Name *

Facility Mailing Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Facility Website

IBCLCs® Hired by Your Facility

This facility must have one or more dedicated lactation consultant positions with IBCLC® as the required credential, and with a dedicated lactation program available 5-7 days a week. Include both the first and last name of the IBCLC® and their number found on their IBCLC®-distributed ID card.

Number of IBCLCs® Currently Hired *

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

Name of IBCLC® *

First Last

Name of a Second IBCLC®

First Last

Including another IBCLC® is optional.

Name of a Third IBCLC®

First Last

Including another IBCLC® is optional.

Name of a Fourth IBCLC®

First Last

Including another IBCLC® is optional.

Name of a Fifth IBCLC®

First Last

Including another IBCLC® is optional.

IBCLC® ID Number *

Must be between 8 and 8 digits. *Currently Used: 0 digits.*

Please DO NOT include spaces or dashes.

Second IBCLC® ID Number

Must be between 8 and 8 digits. *Currently Used: 0 digits.*

Third IBCLC® ID Number

Must be between 8 and 8 digits. *Currently Used: 0 digits.*

Fourth IBCLC® ID Number

Must be between 8 and 8 digits. *Currently Used: 0 digits.*

Fifth IBCLC® ID Number

Must be between 8 and 8 digits. *Currently Used: 0 digits.*

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.

If your facility is not designated as a Baby-Friendly® Hospital, we strongly encourage you to implement the evidence-based "Ten Steps to Successful Breastfeeding" and begin the process toward Baby-Friendly recognition at www.unicef.org/nutrition/index_24806.html

Is your facility designated as Baby-Friendly®? *

- No
 Yes

If "Yes", when did your facility obtain the designation?



 / / 

MM DD YYYY

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

Must be between 2 and 200 words. *Currently Used: 0 words.*

Next Page



IBCLC Care Award

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

1 Facility Information **2** Contact Information **3** Project & Training **4** Logo Terms of Use

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.

Your Name *

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| First | Last |

Your Email Address *

Secondary Email Address (optional)

Your Phone Number *

Are you an Administrator or Supervisor at this facility? *

Yes
 No

[Previous](#) 2 / 4



IBCLC Care Award

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

- 1
- Facility Information
- 2
- Contact Information
- 3
- Project & Training
- 4
- Logo Terms of Use

Project that Protects, Promotes, and Supports Breastfeeding or the Lactation Consultant Profession

Please include the information below for a new project begun in the last two (2) years (between January 2009 and November 2011).

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

Beginning Date *

 / /

MM DD YYYY

Type of Project *

Must be between 2 and 20 words. *Currently Used: 0 words.*

Attach a File for the Project *

Website for this Project (optional)

Breastfeeding Training and Updates to Staff

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 within the last two (2) years (between January 2009 and November 2011). This is separate from the breastfeeding project.

Training/updates documentation, in English, should include: (1) objectives; (2) content outline; and (3) PowerPoint slides or handout/poster or brochure, etc. Please note that you may only attach one (1) file per field, preferably a PDF. Word or PowerPoint files are also acceptable.

Beginning Date *

 / /

MM DD YYYY

How often does this facility conduct training or updates? *

Once a Month
 At least 2-6 times a Year
 Once a Year
 Once every 2 Years
 Other


Description of Training and/or Updates *


Must be between 5 and 200 words. *Currently Used: 0 words.*

Attach a File for Objectives and Content Outline *

Attach a File for PowerPoint slides, handout, etc. *

[Previous](#) 3 / 4

 **IBLCE**
International Board of
Lactation Consultant Examiners


ILCA

IBCLC Care Award

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

1 Facility Information 2 Contact Information 3 Project & Training **4 Logo Terms of Use**

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.

Check the box below *

I agree to the Terms of Use

Enter your name, which serves as your electronic signature *

First Last

[Previous](#) 4 / 4

After clicking the "Submit" button, you will be sent a confirmation email and a copy of your completed application.

The online application will be available at www.IBCLCcare.org/award.html from September 1 through November 30 each year.

For more information about the online application or for technical difficulties, contact IBLCE at international@iblce.org.