



Education Provider– CERPs Application

Please tick the box that applies to you-

- Interest Group
 Conference/ Workshop
 Independent Study Module (ISM)

Name of provider (name of organisation that is providing the program, as will be shown on the certificates of attendance)	
Name of program	
Date/s of program [for groups: specify 12 month period]	Location of program [for groups: usual meeting place]
Name of the designated contact person	Address of contact person
Phone	Email Address
CONTACT DETAILS FOR WEBSITE LISTING ONLY: Programs approved for CERPs will be listed at http://iblce.edu.au/CERPsconferences.php	
Name of contact person for inquiries about registration. For program not accepting external registrations write "internal program".	
Phone number and/or email address of contact person for inquiries about registration.	
Website address for link to information about the program. Must be direct to a webpage with the program information, not just to the organisation's website	

Education Provider Fee Schedule from 1 January 2011 Indonesia

Level	Program hours to be assessed	AUD	per repeat
1	Up to and including 4 hours	11.00	5.00
2	Up to and including 8 hours	22.00	5.00
3	Up to and including 16 hours	55.00	11.00
4	Up to and including 24 hours	77.00	11.00
5	Over 24 hours	110.00	11.00

Credit Card fee of \$ _____ VISA MASTERCARD

EXPIRY DATE ____ / ____

Card holders signature _____ Print card holders name _____

Direct Deposit Date Deposit _____ **Account Name:** IBLCE **BSB:** 037010 **Account Number:** 115740

Office Use Only	
Date received _____	CERPs allocated _____ L; _____ E; _____ R Approval No. _____
Amount paid _____	Receipt No. _____ Date notified _____



SIGNED STATEMENT

As the provider, we wish to apply for CERPs to be allocated to some or all sessions of the attached program [for groups: and we will provide the required information after each meeting].

The program is intended as professional education for IBCLCs and/or other health professionals or breastfeeding counsellors.

We agree that IBLCE may list this program on its website and include registration contact details if appropriate.

We agree to provide the following within **one month** of completion of the program, with the IBLCE Approval number on each document:

- A post-program report which includes the total number of participants, the total number who received an attendance certificate (may be the same number) and a short summary report on the program evaluation.
- A typed list of names and IBLCE ID number (where possible) stating the number and type of CERPs for each participant.
- A final sample copy of the Certificate of Attendance (CERPs certificate).

We agree to issue all participants with a Certificate of Attendance with the approval number and number of CERPs allocated, within 30 days of the program finishing.

We agree to keep the original CERPs sign-in sheet and/or other original verification of attendance for 6 years.

We declare that, to the best of our knowledge, no part of the program is organised by individuals or companies that manufacture, market or distribute products within the scope of the WHO International Code of Marketing of Breast-milk Substitutes (e.g. infant formula, bottles or teats); nor will any such company or company personnel have input into the choice of presenters or topics, or into the content of any presentation.

We have contacted all speakers in regards to affiliations that could be perceived as having an actual or potential competing interest in relation to their presentation/s.

Please tick one box:

- No. There are no speakers who have indicated actual or potential competing interests or affiliations in relation to any presentation/s in this program.
- Yes. Speaker/s do have an affiliation with one or more persons or entities that could be perceived as having a bearing on their presentation. They have been given a disclosure statement to complete and sign. We have attached the completed Declaration of Competing Interest form/s and have indicated how the attendees will be notified e.g. verbally or written. (Please find the Declaration of Competing Interest form on the next page)

Signed: _____ Date: _____

Print your name and position in the organisation: _____

