



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

Asia Pacific

Level	Program hours to be assessed	AUD	per repeat
1	Up to and including 4 hours	55.00	22.00
2	Up to and including 8 hours	88.00	22.00
3	Up to and including 16 hours	143.00	44.00
4	Up to and including 24 hours	198.00	55.00
5	Over 24 hours	264.00	55.00

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).

If we fail to meet the above obligation a late fee of 50% of the initial fee will be charged and no further CERPs applications will be processed by IBLCE until this outstanding requirement has been received and the fee has been paid.

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: _____



DECLARATION OF COMPETING INTEREST

*This form is to be completed **ONLY** if there is an actual or potential competing interest*

When a program is to be evaluated for CERPs from IBLCE, a copy of this form must be completed by each speaker who has one or more affiliations* that could be perceived as having an actual or potential competing interest in relation to their presentation/s.

It is the policy of the IBLCE to make best efforts to insure balance, independence, objectivity, and scientific rigor in all programs which qualify for IBLCE Continuing Education Recognition Points (CERPs).

Consequently, all speakers in any program for which IBLCE CERPs are awarded are expected to disclose to the program participants any real or apparent competing interests or affiliations that may have a bearing on the subject matter of their presentation. This may be disclosed in written conference material or as an announcement from the podium.

Relevant affiliations include, but are not limited to:

- manufacturers or marketers of infant artificial feeding products;
- pharmaceutical companies;
- manufacturers or marketers of biomedical devices, including any devices intended to be used during breastfeeding/lactation;
- any other persons or entities related to the subject matter of the presentation topic or the general topic of the program as a whole.

The intent of this policy is not to prevent a speaker from making a presentation. It is merely intended that any potential competing interest shall be identified openly so that participants may form their own judgments about the presentation with the full disclosure of pertinent facts. The participants will determine whether the speaker's competing interests may reflect a possible bias in either the exposition or the conclusions presented.

Education Provider: please complete this information and then forward the form to each relevant speaker

Provider: _____ Program: _____ Date: _____

SPEAKER'S INDIVIDUAL DECLARATION OF COMPETING INTEREST

SPEAKER: please complete this information and return it promptly to the program provider.

Name: _____ Presentation/s: _____

List all relevant past and present affiliations below:

<u>Type of affiliation*</u>	<u>Name of person or entity (e.g. company)</u>

Please attach additional pages if necessary

_____ Date _____ Signature _____

*Possible types of affiliations include: grant/research support; receipt of honoraria, travel, or other benefits; acting as a consultant / independent contractor, employee, officer or director, or having a financial interest; participation as part of a speaker's bureau or being a regular contributor to a publication; having a close friend or family member who is an officer, director, employee, or who has a financial interest; and any other financial or material support.