

7. LIST OF PROFESSIONAL LACTATION EDUCATION HOURS COMPLETED :

In the table below, list a minimum of 90 hours of professional lactation/breastfeeding education specific to lactation or breastfeeding management that you have attended during the **last 5 years**. Enclose photocopies of your certificates of attendance or other documentation for hours completed. **Make sure that your list totals a minimum 90 hours**

DATE	LOCATION	TITLE OF SESSION OR PROGRAM OR COURSE	CERTIFICATE ENCLOSED	HOURS or L CERPs
15/8/08	Goode Hospital, Perth	Low weight gain in the breastfed baby	Yes	5.5 hours

**TOTAL EDUCATION HOURS – COMPLETED DURING THE FIVE YEARS PRIOR AT TIME OF APPLICATION
(MINIMUM 90 hours)**

Exam Application Form Checklist:

Please be sure to have all documents and your payment included with your application form to avoid extra fees.

- | | |
|---|--|
| <input type="checkbox"/> A copy of current health professional registration | <input type="checkbox"/> All Education Certificates as listed above (receipts are not evidence of attendance and will not be accepted) |
| <input type="checkbox"/> Two professional references | <input type="checkbox"/> Copy of Name Change Document (if Applicable) |

8. PRINCIPLE EMPLOYMENT SETTING:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hospital - maternity (all areas) | <input type="checkbox"/> Maternal & child health | <input type="checkbox"/> Medical practice |
| <input type="checkbox"/> Hospital - postnatal only | <input type="checkbox"/> Health visitor | <input type="checkbox"/> Private practice |
| <input type="checkbox"/> Hospital - general | <input type="checkbox"/> Clinic / community setting | <input type="checkbox"/> Mother support group |
| <input type="checkbox"/> Hospital - paediatric | <input type="checkbox"/> Postnatal domiciliary | <input type="checkbox"/> Educational institution |
| <input type="checkbox"/> Hospital - NICU / SCN | <input type="checkbox"/> Birthing centre / home births | <input type="checkbox"/> Independent educator |
| <input type="checkbox"/> Other (please describe) | | |

MINIMUM EDUCATION MUST BE COMPLETED AT TIME OF APPLICATION

(additional fees will be incurred for incomplete applications)

9. CURRENT WORKPLACE:

Name and address of your current workplace, including section or location (e.g. unit or clinic):

10. PROFESSIONAL DETAILS: Tick one or more of these boxes:

- | | |
|---|---|
| <input type="checkbox"/> Bachelor of Nursing or similar university degree | <input type="checkbox"/> Health Visitor |
| <input type="checkbox"/> Registered Nurse (including NZ Plunket Nurse) | <input type="checkbox"/> Enrolled Nurse or Mothercraft Nurse |
| <input type="checkbox"/> Registered Midwife | <input type="checkbox"/> Dietician, Occupational, Speech or Physiotherapist |
| <input type="checkbox"/> Child & Family Health Nurse or similar qualification | <input type="checkbox"/> Medical Practitioner |
| <input type="checkbox"/> Other (please describe) _____ | <input type="checkbox"/> Accredited mother support counsellor/leader |

Please tick **one** only of the following boxes:

- | | |
|---|--|
| <input type="checkbox"/> Doctoral Degree in | <input type="checkbox"/> Graduate Diploma in |
| <input type="checkbox"/> Master's Degree in | <input type="checkbox"/> Tertiary Diploma/Registration e.g. RN or RM |
| <input type="checkbox"/> Bachelor Degree in | <input type="checkbox"/> Other (please describe) |

11. TERMS AND CONDITIONS: Please read the following statements carefully and then sign and date at the bottom of the page.

Any disputes arising hereunder will be settled in a court of law in Fairfax County, Virginia, USA.

Failure to sign and date at the bottom of this page will delay processing of your application and result in additional fees.

I WISH TO APPLY to sit for the IBLCE Certification Examination for lactation consultants. I acknowledge that the exam is held only on one date each year (the last Monday in July) and offered in a multiple-choice format only.

I CERTIFY THAT the information provided in and with this application is correct and includes all relevant information.

I UNDERSTAND THAT my application may be audited. If my application is audited, I will be required to provide sufficient information to prove my eligibility. I also understand that if the information and documentation I provide is not sufficient, I will not be permitted to take the exam.

I AGREE TO the IBLCE's exam fees, closing dates for applications and all policies relevant to exam application, payment, and appeals, all as outlined in the IBLCE exam application materials specific to my country. I understand that if I fail to comply with these policies, I will be subject to consequences including, but not limited to, additional fees and ineligibility to sit the exam.

I AGREE THAT, if I successfully pass the examination, my name will become a part of the list of certificants and that the IBLCE reserves the right to provide verification of certified individuals in the interests of public protection.

I AGREE TO uphold the standards of the International Board Certified Lactation Consultant profession by abiding by the IBLCE Code of Professional Conduct for IBCLCs (International Board Certified Lactation Consultants), the IBLCE Scope of Practice for IBCLCs, the Clinical Competencies for IBCLC Practice and the IBLCE Documentation Guidelines. Furthermore, I understand that IBLCE has the sole authority to interpret and administer the provisions of these referenced publications.

I AGREE TO be governed by the IBLCE Disciplinary Procedures for any breach of the IBLCE Code of Professional Conduct for IBCLCs, the IBLCE Scope of Practice for IBCLCs, the Clinical Competencies for IBCLC Practice and/or the IBLCE Documentation Guidelines. Furthermore, should an ethics complaint be filed against me, I understand that I have a duty to participate in and cooperate with the disciplinary process. (Please refer to www.iblce.edu.au for a copy of these publications.)

I KNOWINGLY AND INTENTIONALLY WAIVE any rights I have under applicable law to request, review or receive any specific information regarding the wording or content of a question or the image or content of a photograph which is part of the IBLCE exam item bank, since I understand that IBLCE must keep this information confidential in order to preserve the integrity of the exam process.

I AGREE THAT, after reviewing this application and accompanying documentation, the IBLCE may make additional inquiries as it deems appropriate to verify the information I have provided and to ascertain my character and fitness to engage in the practice of lactation consultation. I understand that I may be disqualified on the basis of conduct that is immoral, unprofessional, dishonest, or contrary to fitness to practice as a lactation consultant.

I UNDERSTAND THAT the IBLCE considers satisfactory mental health to be a prerequisite for certification, including the current absence of an untreated, uncontrolled mental illness that impairs or limits an applicant's ability to practice as a lactation consultant in a competent and professional manner, and the unlikelihood of a relapse of any such prior mental illness.

I UNDERSTAND THAT the primary way in which the IBLCE staff will communicate with me is through email. Accordingly, I understand that the IBLCE respects the privacy of individuals and has implemented a privacy policy to ensure that the IBLCE collects, processes and uses personal information in a manner that conforms to the highest standards (This Privacy Policy is available at www.iblce.edu.au)

I AGREE THAT any disputes arising hereunder will be settled in a court of law in Fairfax County, Virginia USA.

12. Please answer all five questions below by TICKING, for each one, the response that applies to you.

If you answer "Yes" to any question, please attach a signed letter describing the circumstances, and explain the current status of the situation. If medical or psychological, please provide IBLCE with a signed letter from your health care provider stating that the condition is cured or controlled to the extent that it would not impair your ability to practice as a lactation consultant. If you are involved in litigation, please attach a copy of the Complaint. If more information is needed, the IBLCE will confidentially seek further information from you. Failure to answer one or more of these questions and/or failure to provide an explanation in Section 12 for "YES" responses will delay processing of your application and you will be subject to additional fees.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. In the past ten (10) years, have you been, or are you currently, dependent on alcohol, narcotics, drugs, or any other substances that impair or limit, or if the dependency is left untreated is typically likely to impair or limit in the future, physically or mentally, more than only insignificantly your ability to perform the essential duties (see #3 below for a list) of a health care provider, lactation consultant or breastfeeding counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you currently suffer from any severe or chronic illness or disease that specifically impairs or limits, or if left untreated is typically likely to specifically impair or limit, more than only insignificantly your ability to perform any of the essential duties (see #3 below for a list) of a health care provider, lactation consultant or breastfeeding counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been convicted of a crime (including minor traffic offences) that is by its nature specifically related to, or of specific importance for the evaluation of, your ability and trustworthiness to perform any of the essential duties of a health care provider, lactation consultant or breastfeeding counselor? These duties include : (1) the duty to preserve client's/patient's confidences; (2) the duty to act with reasonable diligence; (3) the duty to provide competent service; (4) the duty to maintain personal integrity; (5) the duty to report truthfully and fully to the health care system; (6) the duty to uphold the standards of the lactation consultant profession; (7) the duty to exercise independent professional judgment and to avoid conflicts of interest; (8) the duty to follow IBLCE disciplinary determinations; and (9) the duty to promote, protect and support breastfeeding. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been the subject of a substantiated complaint for which disciplinary or remedial action was taken? Such actions include, but are not limited to, the revocation of any prior business or professional license, related to your actions, advice, performance or non-performance as a health care provider, lactation consultant or breastfeeding counselor, or other actions in the healthcare field (including but not limited to workplace complaints and complaints before an administrative body, licensing board, professional group, court, mediator, arbitrator or other tribunal). | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently the subject of a complaint for which disciplinary or remedial action might be taken? Such actions include, but are not limited to, the revocation of any prior business or professional license, related to your actions, advice, performance or non-performance as a health care provider, lactation consultant or breastfeeding counselor or other actions in the healthcare field (including but not limited to workplace complaints and complaints before an administrative body, licensing board, professional group, court, mediator, arbitrator or other tribunal). | <input type="checkbox"/> | <input type="checkbox"/> |

Signature of Applicant _____

Date _____

Please read this statement carefully, TICK the appropriate response to each of the five (5) questions above and then sign and date it.



**PROFESSIONAL REFERENCE
FOR AN APPLICANT FOR THE
IBLCE EXAM**

Applicant's name _____

Applicant's job/position/title _____

Period of service, relevant to this referee
from (month/year) ____/____ to (month/year) ____/____

Applicant: This form is provided as an alternative to a letter of reference. Please insert your details above and give this form to the person you wish to provide a reference for you. The referee should return to you the completed form, or a letter of reference, for you to enclose with your exam application. The referee has the option of sending the reference directly to the IBLCE office, but it is your responsibility to ensure that your complete application is submitted by the due date, including the provision of references.

Referee's name _____

Referee's job/position/title _____

Institution/agency/organisation _____

Referee's telephone number _____

Referee: The person named above is applying to sit for the IBLCE certification exam. IBLCE requires that each exam applicant submit two original professional references as part of the application process. References must attest to the applicant's competence in the field and to the applicant's character.

Thank you for agreeing to provide one of the two references required by this applicant. Please answer the questions on the other side of this sheet. If you do not know the answer to a particular question, or are not in a position to answer it, please indicate. If the space provided for comment is not adequate, please attach additional sheets. Instead of using this form, you may prefer to write a reference in the form of a letter, providing the requested information about the applicant to the extent that you are able. If you wish to discuss this applicants reference with the Regional Director please email rd@iblce.edu.au and a time will be organised for the Regional Director to phone you.

Unless you particularly wish to send the reference directly to the IBLCE office, please return it (in a sealed envelope) to the applicant for inclusion with the application form and other documentation. If you have one, please attach your business card/letterhead/compliments slip. If you wish to send this reference or any other information directly to IBLCE, the contact details are shown below.

Thank you for your assistance.

Karolyn Vaughan IBCLC
Regional Director

IBLCE
PO Box 1533
OXENFORD QLD 4210
Australia
rd@iblce.edu.au
www.iblce.edu.au
Within Australia Phone: 07 5529 8811
Fax: 07 5529 8922
International Call: +61 7 5529 8811
Fax: +61 7 5529 8922

If as the Referee you would like to receive the Candidate Information Guide for next year please complete the following:
Email address:
Postal Address:

Postcode: Country:

- Do you have significant experience helping mothers and babies with breastfeeding?
-

- How long have you known the applicant? _____
- Are you directly familiar with the applicant's work? **Yes** **No**
- If so, do you confirm that the applicant's calculation of breastfeeding counselling hours listed in section 7 of the application form is accurate (in relation to the period relevant to you)? **Yes** **No**
- Have you personally observed the applicant in consultations with breastfeeding mothers and babies?
Yes **No**
- How would you rate the applicant's clinical skills in lactation based on your observation?
Excellent **Very Good** **Good** **Satisfactory** **Inadequate**

Please comment _____

- How would you rate the applicant's counselling and interpersonal skills?
Excellent **Very Good** **Good** **Satisfactory** **Inadequate**

Please comment _____

- In your judgment, is the applicant a person of sound character who would be suitable to practice as a lactation consultant? **Yes** **No** Please comment _____
-

- Do you recommend the applicant, if successful in the exam, for certification as a lactation consultant?
Yes **No**

If you have any reservations, please note them here _____

- If you have any other information you would like us to know about the applicant, please note it here
- To the best of my knowledge, the information I have provided above is complete and accurate.

Referee's signature _____ Date _____

If as a referee you are not an International Board Certified Lactation Consultant and would like more information on becoming an IBCLC please tick this box so we can send you current information

OR

If you would like further information for distribution for your workplace please tick this box



**PROFESSIONAL REFERENCE
FOR AN APPLICANT FOR THE
IBLCE EXAM**

Applicant's name _____

Applicant's job/position/title _____

Period of service, relevant to this referee
from (month/year) ____/____ to (month/year) ____/____

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Karolyn Vaughan IBCLC
Regional Director

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-

- How long have you known the applicant? _____
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Yes **No**
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Excellent **Very Good** **Good** **Satisfactory** **Inadequate**
- Please comment _____
-

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-

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-

- Do you recommend the applicant, if successful in the exam, for certification as a lactation consultant?
Yes **No**
- If you have any reservations, please note them here _____
-

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- To the best of my knowledge, the information I have provided above is complete and accurate.

Referee's signature _____ Date _____

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OR

If you would like further information for distribution for your workplace please tick this box

2012年 願書別冊付録 日本版 IBLCE試験：2012年7月30日（月曜日）

この願書別冊付録は志願者情報ガイド“**version2.12AP**”、願書類“**version2.12**”と照らし合わせて読んでください。

（現在IBCLCの方は、再認定用の願書別冊付録が必要です。）

受験料と締め切り

志願者情報ガイドの受験料と締め切りの項を参照してください。

	締め切り	通常料金	再受験料
早期割引受験料	2012年2月末日までの消印	\$550 AUD	\$450 AUD
標準受験料	2012年4月末日までの消印	\$660 AUD	\$560 AUD
取り消し時の払い戻し	2012年6月20日までの消印	\$275 AUD	\$225 AUD
手作業による採点	2012年11月10日までの消印	\$100 AUD	\$100 AUD

その他の料金

提出書類不備	\$50 AUD	料金不備	\$50 AUD	受験資格なし	\$50 AUD	資格証明再発行	\$15 AUD
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願書の送付先： IBLCE PO BOX 1533 OXENFORD QLD 4210 Australia Ph: +61 7 5529 8811 Fax: +61 7 5529 8922 Email: admin@iblce.edu.au Website: www.iblce.edu.au	ご不明な点は、オーストラリア事務局か日本のコーディネーターにお問い合わせください。 IBLCE日本コーディネーター 井村真澄 IBCLC japan@iblce.edu.au
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クレジットカード支払いの場合は、点線で切り取り、必要事項を記入し署名のうえ申請書に同封してください。

Credit Card fee of \$ _____ **VISA** **MASTERCARD**

EXPIRY DATE _____ / _____

†Card holders signature (カード名義人署名) _____

Print card holders name (カード名義人ローマ字活字体) _____

Candidates name (志願者名ローマ字活字体) _____

†この申請に伴い、上記の追加料金が発生した場合には、それを支払うことに同意します。

引き落とし不可時の手数料

支払いが出来なかった時は、表中にある料金不備の手数料として**50ドル**が課せられます。

例：割引の締め切り期日に関する受験料不足、あるいは有効期限の過ぎたクレジットカードの使用やその他の理由によりクレジットカードからの引き落としが不可能であった場合などです。

提出書類の不備による追加料金

願書の記入漏れや提出書類の不備があった場合は、あなたの願書は不完全な書類として区別され、提出した時点での締め切りの料金は適応されません。オーストラリア事務局からどの書類が不足しているかの連絡をします。

書類がすべて揃うまで、あなたの願書は保留されます。そして、あなたは追加料金としておもて面の表にあるとおり**50ドルの書類不備の手数料を支払う責任があります。**

この料金は、再手続きのためにかかる時間と人件費のために設けられており、求められた書類や願書が完全かを確かめるために時間を費やしてから申請をする他の志願者と公平になるようにしています。

提出書類不備の例：

- 署名入り申告が完成していないか5つの質問すべてに答えていない
- 職歴が記入していない場合
- 氏名変更がある場合に、それを証明する書類がない場合
- CERPs証明書あるいは同類の教育時間を証明する書類を同封していない場合

2012 受験願書記入チェックリスト

- 1ページのセクション1から5までが記入されている
- 2ページのセクション6、出願時からさかのぼって5年以内の母乳育児相談の実地時間数が計算してある
- 3ページのセクション7、出願時からさかのぼって5年以内の母乳育児に関する専門教育時間が記入されており、教育時間を証明する書類のコピーが同封されている
- 3ページのセクション8から9までが記入されている
- 4ページのセクション10が記入されている
- 4ページのセクション11と12を読み、セクション12の5つの質問に答えて☑がしており、署名と日付が記入されている

提出する書類のチェックリスト

- 記入漏れのない願書
- 推薦状2通
- 専門家としての免許証のコピー
- 出願時からさかのぼって5年以内の母乳育児に関する専門教育（必要時間数）の証明書
- 申請期限別料金を記入した支払票（クレジットカード情報）（雇用主や他機関が支払う場合でも支払い期限を守る。支払いが確認されるまでは、あなたの申請手続きは行われません。）
- 同封書類に氏名の変更がある場合は、氏名変更に関する証明書のコピー（婚姻証明書など）