

PRO-LC Mentoring Consortium

Clinical Instructor Application for Lactation Consultant Internship

Personal data

Name	Credentials
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Street Address	City	State	Zip Code
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Home Phone with Area Code	Work Phone with Area Code	Fax with Area Code
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E-mail Address

Professional references

Provide the names of two individuals who can provide recommendations regarding your professional capabilities.

Name	Title/Position/Employer	Phone number
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Name	Title/Position/Employer	Phone number
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Educational background

High School	Location	Year graduated
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College	Location	Dates attended	Degree Major	Number of Credits
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College	Location	Dates attended	Degree Major	Number of Credits
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Certification and licensure

Date of original IBCLC certification	Dates of IBCLC recertification
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If you are a health care professional, please list all states in which you are licensed to practice. Attach a copy of the license from the state in which you currently reside.

Work/employment history

List employment history, beginning with the most recent.

Title	Length of service	Average hours per week	Average dyads seen per week
Employer <i>Responsibilities:</i>	Supervisor	Phone	Address

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Continuing education related to breastfeeding and lactation management

List and attach copies of certificates of attendance for the last four continuing education sessions you attended.

Title of lactation course	Course provider	CERPs awarded	Date completed
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Teaching experience

Describe any teaching experience in each of the following areas (attach additional sheets as needed):

1. Breastfeeding classes for mothers
2. Inservices on breastfeeding for health professionals
3. Workshops for lactation consultants
4. Presenting at conferences
5. Clinical instructor positions
6. Other

Reference materials including periodicals

List five references you most frequently use in your reference library.

1. _____
2. _____
3. _____
4. _____
5. _____

Please respond to the questions below.

Attach additional paper as needed.

1. Have you personally received any funding from artificial baby milk companies? ____ No ____ Yes ____ Unsure
If yes, when and for what?

Are you willing to reject such funding during your participation in the Mentoring Consortium? ____ No ____ Yes
2. With what main site(s) do you have an agreement to provide clinical experiences to the Lactation Consultant Intern?
Describe the setting, approximate number of dyads, and conditions frequently encountered.
3. With which off-site areas do you have an agreement to provide experiences to the Lactation Consultant Intern?
Describe the sites, the contact person, and the experiences provided at each site. Describe your expected involvement with off-site experiences.
4. Why do you think you will make a good clinical instructor?
5. What do you think will be the most challenging part of being a clinical instructor?
6. How will you restructure your present practice to accommodate teaching responsibilities with interns?

Please sign below

Your signature below indicates that all information provided in this application is truthful to the best of your knowledge.

Applicant Signature

Date