

PRO-LC MENTORING CONSORTIUM

Application for Lactation Consultant Internship

Personal data

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

Professional references

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

Name	Title/Position	Address	Phone number
Name	Title/Position	Address	Phone number
Name	Title/Position	Address	Phone numberS

Educational background

Provide a copy of your transcript(s) or diploma(s).

High School	Location	Year graduated		
College	Location	Dates attended	Degree Major	Number of Credits
Other College	Location	Dates attended	Degree Major	Number of Credits

Employment/volunteer history

List employment and related volunteer history, beginning with the most recent.

Job Title	Dates of service	Average hours per week
Employer <i>Responsibilities:</i>	Supervisor	PhoneAddress

Employment/volunteer history, cont.

Job Title	Dates of service	Average hours per week
-----------	------------------	------------------------

Employer	Supervisor	PhoneAddress
----------	------------	--------------

Responsibilities:

Job Title	Dates of service	Average hours per week
-----------	------------------	------------------------

Employer	Supervisor	PhoneAddress
----------	------------	--------------

Responsibilities:

Healthcare education

Check each subject in which you have completed post-secondary study. List date of course and course provider. If you have not yet completed a subject, identify your plans to do so. Attach copies of documentation of course completion.

Biology _____

Human anatomy _____

Human physiology _____

Infant and child growth and development _____

Nutrition _____

Psychology or Counseling or Communication Skills _____

Introduction to Research _____

Sociology or Cultural Sensitivity or Cultural Anthropology _____

Basic life support (e.g. CPR) _____

Medical terminology _____

Medical documentation _____

Occupational safety for health professionals _____

Professional ethics for health professionals _____

Universal safety precautions and infection control _____

Continuing education related to breastfeeding and lactation management

Describe all lactation-specific education hours you have already completed. Identify title, education provider, date/location, CERPs. Attach copies of your certificates of completion. Use additional paper if necessary.

Title of course or conferene	Provider	Dates	Hours/CERPs
Title of course or conferene	Provider	Dates	Hours/CERPs
Title of course or conferene	Provider	Dates	Hours/CERPs
Title of course or conferene	Provider	Dates	Hours/CERPs
Title of course or conferene	Provider	Dates	Hours/CERPs

Licensure

If you are a health care professional, please a copy of the license from the state in which you currently reside.

Lactation and related 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 read ILCA's Standards of Practice? Yes No
2. Have you read IBLCE's Code of Ethics? Yes No
3. Why do you want to be a lactation consultant?
4. How do you respond when someone critiques your performance?
5. How do you respond when someone observes you clinically?
6. In what type of work situation do you see yourself practicing after becoming an IBCLC.
7. Life generates many demands. How do you see yourself dealing with multiple demands as you try to meet your personal needs along with the written and clinical practice of this program?
8. During this program, you will be required to be available for clinical experiences, to do research and writing and to travel to clients' homes and to off-site experiences. What resources can you count on for support in meeting family, personal or other needs during this time?
9. What do you anticipate will be the most difficult aspect of your internship program?

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