

# Lactation Consultant Course Approval Checklist

Beginning in 2011, all UCSD students will be required to have completed the following education **prior** to start of the UC San Diego LC course. Please complete this check list and return it to Nicole Mitchell **prior** to enrolling in the Lactation Consultant Program. You must be approved to enroll in the program.

Student Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Pathway 1 Students (Online)

Health professionals who typically apply for IBCLC certification include: physicians, nurses, midwives, dietitians, occupational, physical and speech therapists, physician assistants, dentists, pharmacists and chiropractors. If your profession is not on this list, please see [IBLCE.org](http://IBLCE.org) for more information about whether or not your professional training will satisfy the General Education requirements.

**Please Identify your Health Profession:** \_\_\_\_\_

**Lactation Educator Counselor Class:** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

### **Clinical Hours Requirement:**

Currently working in a paid or volunteer job in which you provide care to breastfeeding families or if you have worked in this type of job during the past 5 years AND can **document minimum of 1000 hours working directly with moms and babies and breastfeeding**. Documentation must be verifiable by a supervisor. Please complete and attach the Clinical Hours Calculation Form for Pathway 1 students.

## Pathway 2 Students (Hybrid)

Please list the school where you completed the course, the year completed & the final graded awarded for each class. **DO NOT attach the transcript.** You may be asked for transcripts when applying for the IBLCE exam near the end of the course.

**Lactation Educator Counselor Class:** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

### **8 REQUIRED college subjects - to be completed before start of Lactation Consultant Program:**

- Biology** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Human Anatomy** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Human Physiology** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Infant & Child Growth and Development** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Nutrition** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Introduction to Research** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Psychology or Counseling or Communication Skills** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Sociology or Cultural Sensitivity or Cultural Anthropology** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

### **6 REQUIRED continuing education subjects- to be completed before start of Lactation Consultant Program:**

- American Heart Association Basic life support (CPR)** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Medical documentation** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Medical terminology** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Occupational safety and security for health professionals** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Professional ethics for health professionals** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_
- Universal safety precautions and infection control** School \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Your Name: \_\_\_\_\_

## Record of Clinical Practice in Lactation Care for Pathway 1 Candidates

You must report at least 1000 hours of clinical practice in providing care to breastfeeding families that was obtained within the five (5) years immediately prior to applying for the exam. Please do not list experience obtained more than 5 years ago.

### Instructions for Columns 4 through 10:

- **Column 4:** The number of months you worked on each job
- **Column 5:** If you worked every week of the month, please enter 4 in this column. If you worked 2 weeks each month, please enter 2 in this column.
- **Column 6 =** Column 4 x Column 5
- **Column 7:** If you worked full time, please enter the number of hours considered full-time for that job. If you worked part-time, please enter the number of hours, on average, that you worked each week.
- **Column 8 =** Column 6 x Column 7
- **Column 9:** The percentage of time, on average, that you spent helping breastfeeding families.
- **Column 10 =** Column 8 x Column 9

1 Name & Location of Workplace	2 Start Date (MM/YY)	3 End Date (MM/YY)	4 Months per Job	5 Weeks Worked per Month	6 Total Weeks Worked	7 Hours Per Week	8 Hours Per Job	9 % Time in Lactation Care	10 Lactation Care Hours per Job
Sample Job	05/07	10/09	29	4	116	40	4640	20%	928
<b>Total Lactation Care Hours</b>									