

Lactation Consultant Pathway 1 Course Approval Checklist

Complete application and return it to nmitchell@ucsd.edu. **You must be approved to enroll in the program.**

Student Name: _____ Quarter Applying For: _____ (FA,WI,SP,SU)

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Pre-requisites - Before start of Pathway 1 program: *Candidate Must Have Prior to Enrollment*

General Education Requirements: Completion of either IBLCE required 14 subjects of education/CEU prior to start of UC San Diego LC course **OR** be an approved Health Professional. (Health professionals, as defined by the IBLCE.org 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 for more information about whether or not your professional training will satisfy the General Education requirements.

Your Health Profession: _____

Clinical Hours Requirement: *Candidate Must Have Prior to Enrollment*

1000 hours employed directly with breastfeeding dyads within the past 5 years.

(Postpartum nurses can count approximately 20% of work time; L&D and NICU approximately 10% of work time. Documentation must be verifiable by a supervisor. (See IBLCE.org for questions). Please complete and attach the Clinical Hours Calculation Form for Pathway 1 students.

By signing this MOU you are confirming that you have **completed the prerequisites** above and are eligible to sit for the IBLCE exam at the completion of this educational program. Your signature is verification of acceptance of this memorandum of understanding. It is expectation of the UC San Diego Extension Lactation Education program that each student will complete the program in the time allotted (2 quarters). UC San Diego Extension will not issue CEU's or certificates of completion until all fees are paid UC San Diego Extension, all lectures are viewed, and all homework is completed. There is no "partial credit" awarded for this course. All students who are **incomplete** at the end of the program may be required to re-enroll and pay the entire current fee of the program; view all lectures; and complete all homework.

Memorandum of Understanding

- a. I understand and agree that IBLCE will permit me to apply for the certification exam for lactation consultants **before** I have completed the required 90 hours of lactation specific education academic program in which I am enrolled and that, with this privilege, I must abide by the terms and conditions outlined herein and UC San Diego Extension and the IBLCE are separate entities.
- b. I understand and agree that documentation which verifies that I have completed the lactation specific education must be received in **the IBLCE office** that serves my country by no later than **the IBLCE published date** of the year in which I am applying to take the exam. All course work must be completed and submitted to the UCSD Extension course director **by the end of the quarter enrolled or May 31** of the year in which I am applying to take the exam, whichever comes first. (Completion date of course work is subject to exam deadlines set by IBLCE.org on annual basis.)
- c. I understand and agree that if I am unable to complete all exam requirements, I must submit my withdraw from the exam, in writing, to the IBLCE on or before **the date issued by the IBLCE.org** in order to receive a partial refund of exam fees and that UCSD has no jurisdiction or control over these dates.
- d. If I fail to withdraw in writing, by email, mail or fax, by **IBLCE.org exam withdrawal date** of the year in which I am applying to take the exam, I understand and agree that I will permanently forfeit all rights to a partial refund from the IBLCE and that UCSD has no relationship with the IBLCE.org in regards to the exam procedures, deadlines, and fees.
- e. I understand and agree that it is **my responsibility** that a copy of my certificate of completion of the UCSD Extension Lactation Academic Program, is received in the IBLCE office that serves my country by no later than **the date set by the IBLCE on annual basis** of the year in which I am applying to take the exam and that this Memorandum of Understanding is the only notification that I will receive of this requirement and responsibility.
- f. Furthermore, I understand and agree that UC San Diego Extension and the IBLCE are separate entities and any issue that I have about the availability or accuracy of my certificate of completion, must be addressed with UC San Diego Extension, not with IBLCE, AND any issue with the IBLCE prerequisites will be addressed with the IBLCE and not UC San Diego Extension.

I agree that signing here serves as my confirmation I understand and agree to the Memorandum of Understanding above.

*** Please enter your full legal name below and Date.**

Signature
 Date

Return Form to: Nicole Mitchell **Fax:** 858-534-9257 **Email:** nmitchell@ucsd.edu
Mail: 8950 Villa La Jolla Drive, Ste. C215, La Jolla, CA 92037

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 Please include Job Title and Role for each job	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	05/09	10/14	29	4	116	40	4640	20%	928
Total Lactation Care Hours									