

Lactation Consultant Pathway 2 (Hybrid) Course Approval Checklist

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.** It is expectation of the UC San Diego Extension Lactation Hybrid program, that each student will complete the program in the time allotted. (3 quarters) All students who are incomplete at the end of the program and wish to complete the program will be required to re-enroll and pay the entire current fee of the program. UC San Diego Extension will not issue CEU's or certificates of completion until all lectures are viewed, all homework completed and all clinical is complete. There is no "partial credit" awarded for these courses.

Student Name: _____ Year Applying For: _____ (FALL)

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

Email: _____ Phone Number: _____

Do you have a credential/license such as Chiropractor, Dentist/Dental Hygienist, Dietitian/Nutritionist, Midwife, Nurse, Occupational Therapist, Pharmacist, Physical Therapist/Physiotherapist, Physician/Medical Doctor, Physician's Assistant, Psychologist/Social Worker, Speech Pathologist/Therapist. **If so please list it here:** _____

Pathway 2 Students (Hybrid)

Please list the school where you completed the course, the year completed & the final grade awarded for each class. If the title of the course was different than listed, please also include the course title you completed. **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** Name: _____ School _____
Year _____ Grade _____
- Human Anatomy** Name: _____ School _____
Year _____ Grade _____
- Human Physiology** Name: _____ School _____
Year _____ Grade _____
- Infant & Child Growth and Development** Name: _____ School _____
Year _____ Grade _____
- Nutrition** Name: _____ School _____
Year _____ Grade _____
- Introduction to Research or Statistics** Name: _____ School _____
Year _____ Grade _____
- Psychology or Counseling or Communication Skills** Name: _____ School _____
Year _____ Grade _____
- Sociology or Cultural Sensitivity or Cultural Anthropology** Name: _____ School _____
Year _____ Grade _____

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

Available through UC San Diego, Extension.

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

Pathway 2 (3 Quarter Program) Program offered once a year in the Fall Quarter

Enter Program	Exam Eligibility Course Ends	Exam
Fall Qtr. (September)	End of Spring Qtr. (June)	July

UC San Diego Hybrid Lactation Consultant

Name: _____ Date: _____

Address: (Street) _____ (City) _____ (St) _____ (Zip) _____

Contact Phones: (C) _____ (H) _____
Area Code + Number Area Code + Number

Email: _____

Program Year/Quarter you want to start: _____ Test year - July of _____

Current Employment (a) Number of hours per week: _____

(b) Job Description _____

(c) Past employment/experience with breastfeeding: _____

Where do hope to do clinical: _____

List /describe any contact information you have at this facility (Name of IBCLC , Phone, Email) :

Your ideal schedule for clinical - be specific on desired days of week (there are no weekend or evenings available):

Please describe any concerns you may have or may need to be accommodated in order for you to stand during clinical: _____

Please describe your academic back ground and experience (Give date ranges of graduation and experiences):

Return Form to: Nicole Mitchell **Fax:** 858-534-9258 **Email:** nmitchell@ucsd.edu
Mail: 8950 Villa La Jolla Drive, Ste. C215, La Jolla, CA 92037

-----Please do not write below this line -----

Clinical Placement: