

## CONTACT INFO

Name

---

Address

---

---

Email

---

Phone #

---

## REFERENCES

List three persons who have provided letters of recommendation for you. Please include those with your application submission.

Name

---

Title

---

Email

---

Phone #

---

Name

---

Title

---

Email

---

Phone #

---

Name

---

Title

---

Email

---

Phone #

---

## EDUCATION INFO

School

---

Dates / Certification Earned

---

GPA

---

School

---

Dates / Certification Earned

---

GPA

---

School

---

Dates / Certification Earned

---

GPA

---

**PERSONAL STATEMENT**

Tell us why you want to become an IBCLC. What, specifically, led you to this program? What goals do you have for the future?

### SUPPORTING MATERIALS: LACTATION SPECIFIC EDUCATION

Candidates must have completed 90 hours of lactation-specific education, and their Pathway 3 plan must be approved by IBCLE. Please include documentation with this application to verify your site(s) and hours of education, and your Pathway 3 approval.

### SUPPORTING MATERIALS: HEALTH SCIENCE EDUCATION

Candidates must have completed, or be in the process of completing, required health science education per IBLCE guidelines:

*All first-time candidates must demonstrate completion of education in 14 subjects that are typical of the education required of health professionals. This general education must be completed prior to applying for the exam.*

*The rationale for requiring all exam candidates to complete education in these subjects is to establish that they have the foundational education necessary to function as valued, respected members of the maternal-child health care team.*

- Infant and Child Growth and Development
- Introduction to Clinical Research
- Nutrition
- Psychology or Counseling Skills or Communication Skills
- Sociology or Cultural Sensitivity or Cultural Anthropology
- Basic Life Support
- Medical Documentation
- Medical Terminology
- Occupational Safety and Security for Health Professionals
- Professional Ethics for Health Professionals
- Universal Safety Precautions and Infection Control

Please include documentation with this application to verify your site(s) and hours of education.

### ACKNOWLEDGMENTS

Applicants to the **Breastfeeding Center of Pittsburgh** are evaluated and selected on the basis of individual merit and ability. Applicants are selected without consideration of race, color, religion, age, gender, national origin, political affiliation, sexual orientation, ancestry, disability, or any other protected characteristic as established by law.

I understand that any information I provided found to be false, incomplete, or misrepresented in any way, will be sufficient cause to cancel consideration of this application or immediately terminate my student status.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Submit Completed Applications**  
plus \$25 application fee, to:

LC School Admissions, Breastfeeding Center of Pittsburgh  
4070 Beechwood Blvd, Pittsburgh, PA 15217