

# Clinical Instructor Application for Lactation Consultant Internship

## Personal data

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Name	Credentials			
Street Address	City	State/Province	Postal Code	Country
Home Phone with Area Code	Work Phone with Area Code		Fax with Area Code	
E-mail Address				

## Professional references

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

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

## Educational background

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

## Lactation education

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Title of lactation course	Course provider	Provider phone number	Date completed
Title of clinical instructor course	Course provider	Provider phone number	Date completed

## Certification and licensure

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Date of original IBCLC certification	Dates of IBCLC recertification
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If you are a health care professional, please list all states in which you are licensed to practice. Attach a copy of the license from the state in which you currently reside.

## Work/employment history

List employment history, beginning with the most recent.

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Title	Length of service	Average hours per week	Average dyads seen per week
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Employer	Supervisor	Phone	Address
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Responsibilities:

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Title	Length of service	Average hours per week	Average dyads seen per week
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Employer	Supervisor	Phone	Address
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Responsibilities:

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Title	Length of service	Average hours per week	Average dyads seen per week
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Employer	Supervisor	Phone	Address
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Responsibilities:

## Teaching experience

Describe any teaching experience in each of the following areas:

1. Breastfeeding classes for mothers
2. Inservices on breastfeeding for health professionals
3. Workshops for lactation consultants
4. Presenting at conferences
5. Clinical instructor positions
6. Other

## Continuing education related to breastfeeding and lactation management

List and attach copies of certificates of attendance for continuing education for the past five years.

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Dates	Contact Hours	Title	Provider
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Dates	Contact Hours	Title	Provider
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Dates	Contact Hours	Title	Provider
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Dates	Contact Hours	Title	Provider
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**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 personally received any funding from artificial baby milk companies?  No  Yes  Unsure  
If yes, when and for what?  
  
Are you willing to reject such funding during your employment?  No  Yes
2. With what main site(s) do you have an agreement to provide clinical experiences to the Lactation Consultant Intern?  
Describe the setting, approximate number of dyads, and conditions frequently encountered.
3. With which off-site areas do you have an agreement to provide experiences to the Lactation Consultant Intern?  
Describe the sites, the contact person, and the experiences provided at each site. Describe your expected involvement with off-site experiences.
4. Which experiences will the Lactation Consultant Intern be responsible for obtaining on her own?
5. Why do you think you will make a good clinical instructor?
6. What do you think will be the most challenging part of being a clinical instructor?
7. How will you restructure your present practice to accommodate teaching responsibilities with interns?

**Please sign below**

Your signature below indicates that all information provided in this application is truthful to the best of your knowledge.

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Applicant Signature

Date