

# Intern 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
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Attach your certificate of completion.

## Licensure

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
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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
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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
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Employer	Supervisor	Phone	Address
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Responsibilities:

**Clinical experience in maternal/child health and breastfeeding**

Describe contacts you have had with breastfeeding dyads in the last three years.

**Continuing education related to breastfeeding and lactation management**

List and attach copies of certificates of attendance for continuing education for the past three 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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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. Do you have a copy of ILCA's Standards of Practice?
2. Do you have a copy of IBLCE's Code of Ethics?
3. Why do you want to be a lactation consultant?
4. How do you respond when someone critiques your performance?
5. How do you respond when someone observes you clinically?
6. In what type of work situation do you see yourself practicing after becoming an IBCLC.
7. Life generates many simultaneous demands. How do you see yourself dealing with multiple demands as you try to meet your personal needs along with the written and clinical practice of this program?
8. During this program, you may be required to be available for extended periods for clinical experiences, to do research and writing and to travel to clients' homes and to off-site experiences. What resources can you count on for support in meeting family, personal or other needs during this time?
9. What do you anticipate will be the most difficult aspect of your internship program?

### **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