IBLCE in the Americas
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Introduction
Thank you for your interest in providing continuing education that meets the learning needs of International Board Certified Lactation Consultants (IBCLCs). In order to maintain their certification, IBCLCs must obtain continuing education that has been approved by IBLCE for Continuing Education Recognition Points (CERPs). Individuals or organizations seeking to provide education which awards CERPs must submit an application and documentation to IBLCE for review.

A CERPs Provider may be an individual or organization offering continuing education though seminars, conferences, workshops, independent study modules, distance learning or other means. The content of the continuing education must be:

- designed to reinforce and enhance the knowledge and skills expected of an IBCLC
- structured around the disciplines and chronological periods listed on the IBLCE Exam Blueprint
- based on current research and scientific principles, and
- within the Scope of Practice for IBCLCs if addressing clinical practice

When recertifying by continuing education, IBCLCs are required to document completion of 75 CERPs within the five year period since they most recently passed the certification exam. If you offer continuing education in human lactation and breastfeeding, professional ethics for health care providers and other topics relevant to the lactation consultant profession, your programs are especially appropriate for IBCLCs. Approval for CERPs will allow you to more effectively market your continuing education program to the growing number of IBCLCs.

Changes in CERPs Provider Requirements
Continuing education providers who have applied for CERPs in the past should note the following changes in CERPs Provider requirements, which are effective as of February 1, 2010.

IBLCE in the Americas strives to facilitate the ability of program providers to offer CERPs to their attendees and, therefore, has made considerable reductions in the amount of paperwork that must be submitted with the application.

Please be sure to read the guide for the correct application process. Please note, all documents must be sent together. Incomplete and incorrectly submitted applications will be subject to additional administrative fees. Applications may be submitted by mail, fax or email.

General Information
What are CERPs?
CERPs is an acronym that stands for Continuing Education Recognition Points—the continuing education credits defined by IBLCE as meeting the professional education needs of International Board Certified Lactation Consultants (IBCLCs). One CERP is equivalent to 60 minutes of continuing education. Five years after most recently passing the IBLCE certification exam, IBCLCs may renew their certification by demonstrating completion of 75 hours of continuing education that has been approved for CERPs.

Who becomes a CERPs Provider?
Individuals, independent educators, hospitals, academic institutions, and professional associations are among the types of organizations that become CERP Providers.
Why become a CERPs Provider?
IBCLCs are more likely to register for a continuing education program that has been pre-approved for CERPs. Having your educational offering pre-approved for CERPs will give you a marketing advantage. Continuing education programs that are pre-approved for CERPs give IBCLCs the assurance that your program meets their learning and recertification needs.

When should a provider apply for CERPs?
Providers who want approval prior to the program date should take into account the fact that program review and approval may require up to 8 weeks.

- **May a provider submit an application less than 8 weeks prior to the program date?**
  Yes. However, final CERPs approval may not be possible until after the date of the program.

- **May a provider apply for CERPs after the program date?**
  Yes. However, providers may not distribute CERPs certificates to their participants until after they have received IBLCE’s approval of CERPs for their program. Regardless of when the application is submitted, providers should allow 8 weeks for final CERPs approval.

Application Requirements for CERPs Providers
At the time of application, all CERPs Providers MUST submit the information listed below and the information must be provided on the IBLCE forms which are included in this guide. Applications that fail to meet these requirements are considered incomplete. Incomplete applications are subject to delays in review and to additional fees.

All of the following information is required:
- Completed CERPs Provider Application Form that is signed and dated
- Completed CERPs Program Content Form
- Completed CERPs Provider Payment Form and payment
- Copy of the final program schedule as it will be published on printed and/or web-based advertisements for the program

Detailed instructions regarding this required information may be found elsewhere in this guide.

PLEASE NOTE: All applications are subject to audit which requires additional documentation.

Frequently Asked Questions

1. **What are “L”, “E” and “R” CERPs?**
There are 3 categories of CERPs. The “L,” “E” and “R” designations refer to the general focus of the continuing education.

   “L” is assigned to continuing education that is specifically about human lactation and breastfeeding. Recertifying IBCLCs must have at least 50 hours of education that is approved for L-CERPs.

   “E” shows that the continuing education is about professional ethics for lactation consultants. In order to recertify by CERPs, IBCLCs must have at least 5 hours of education approved for E-CERPs.

   “R” indicates that the continuing education is relevant and related to the work of a lactation consultant but does not meet the requirements for being awarded the “L” or “E” designation. Recertifying IBCLCs are not required to report any R-CERPs, but may have up to 20.
2. **How can we ensure that our program is approved for L-CERPs?**

When applying for category L-CERPs, the program must be professional education which is **Lactation-specific**. The content of the program must focus on teaching relevant, evidence-based information in the field of human lactation and breastfeeding and be directly applicable to the work of lactation consultants.

3. **May we submit our CERPs application before our printed and/or web-based advertisement is finalized?**

IBLCE requires the **final program schedule** as it will be published; however, a copy of the final brochure, flyer of web-based advertisement is not required.

4. **How long will it take for the CERPs Provider application to be processed?**

It can take up to 8 weeks for review and approval to be completed.

5. **How are repeat programs handled?**

There is no limit to the number of times the same program can be repeated within the approval year. Therefore, reapplication is not necessary. However, if there are changes to the content or length of the program, a new application must be submitted. For each repeated program, CERPs providers are required to retain all documentation listed under **Audit Requirement for CERPs Providers**.

6. **May our promotional materials advertise CERPs?**

Printed and/or web-based promotional material may not publicize a specific number or type of CERPs until final CERPs approval has been awarded.

Promotional materials for programs without final notification of CERPs approval **may** include the following statement: **Application for CERPs has been submitted to IBLCE**.

7. **Are providers required to issue attendance certificates to participants?**

Providers of CERPs-approved programs are **required** to distribute statements or certificates verifying attendance.

8. **Do speakers who are IBCLCs receive any credit for their work in developing their presentations?**

Yes. Speakers are eligible to receive double credit for CERP approved sessions for which they spoke. For example, suppose a presentation has been awarded 1.5 L-CERPs. The first time the IBCLC-speaker makes the presentation, she/he is eligible to receive a total of 3 L-CERPs for preparing and presenting the session. The certificate should reflect this benefit. Repeat presentations of the same topic are not eligible for CERPs.

9. **When should the CERPs certificates be distributed?**

Program providers should distribute certificates at the end of the program (or after the program) to ensure the certificates are an accurate record of attendance. The number of CERPs should be modified if you are aware that the recipient arrived late or departed early. Some providers require the participants to complete a program evaluation before receiving their certificates.

10. **May a provider issue an attendance certificate to an individual who attends only a portion of the CERPs-approved program?**

At the discretion of the provider, a certificate awarding CERPs for the portion of the program the individual attended may be issued.
11. **How should the participants’ CERPs certificates be designed?**
The certificate of attendance **must** include the following information:
- name of the organization providing the program
- title and date of the program
- name of the attendee
- exact number of CERPs in each category [L (lactation), E (ethics), or R (related)] earned by the attendee
- the following specified wording is required by IBLCE: “CERPs allocated by IBLCE: Approval Number Cxxxxx”
- signature and printed name of an authorized representative of the program provider

Certificates may also include, if relevant, information about approved continuing education units from other organizations. Sample certificates are included in this guide. Certificates that do not meet the above requirements should not be signed or issued.

12. **Are CERPs Providers required to advise IBLCE of the names of those who attended?**
IBLCE does **not** require a sign-in roster and/or a typed alphabetical listing of program participants. However, the program provider must keep these records of attendance for six years. Should the program or organization be audited, the provider must submit the attendance records to IBLCE.

13. **Who is responsible for helping participants who have questions about attendance or who have lost their certificates of attendance?**
CERPs providers are expected to answer participants’ questions about attendance, the number of CERPs earned and/or lost certificates of attendance. Attendees who contact the IBLCE office will be referred to the organization that provided the program. Whether or not to charge participants for such verification or for replacement of lost certificates is at the discretion of the CERPs Provider.

IBLCE does not keep track of the number of CERPs earned by participants; that is the responsibility of the individuals who attended your program. Likewise, IBLCE is not responsible for verifying participant attendance; that is the responsibility of the CERPs Provider.

14. **Are providers required to have an evaluation tool?**
IBLCE requires that CERPs providers have an evaluation tool that addresses whether the program learning objectives were met; however providers are **not required** to submit the evaluation tool with their application for CERPs. CERPs providers are expected to compile and retain a summary of the evaluation responses. Copies of the evaluation tool and evaluation summary must be submitted to IBLCE if the program provider is audited.

15. **Most of our program participants are exam candidates. Should we apply for CERPs?**
Candidates for the IBLCE exam are **not** required to obtain CERPs. If your educational programs are primarily designed for the entry-level lactation consultant exam candidate, please consider applying for approval through the Approval and Accreditation Review Committee (AARC) on Education in Human Lactation and Breastfeeding. More information about AARC can be found on our website, www.ams.iblce.org.

16. **We hold regular short education meetings. Do we need to apply for CERPs every time?**
Yes, an application must be submitted for each program. There is no longer a group approval. Please see lower fees for 1-2 CERPs.
17. **What is an Independent Study Module and how do I apply for CERPs approval?**

Independent Study Modules (ISMs) consist of resource material with a study guide and questions which are submitted for assessment. To be eligible for CERPs, the module must meet the Criteria for Evaluation of Independent Study Modules found on our website. Apply using the CERP provider application in this guide.

18. **What is the purpose of the signed statement on the CERPs Provider Application Form?**

The IBLCE Board of Directors is committed to avoiding real or perceived influence by commercial interests on the professional education for IBCLCs. Your signature indicates that you have read and agreed to the terms and conditions of the CERPs Provider Application. Please be sure to read the statement carefully before you sign and date the form. Violations of these terms and conditions are considered unprofessional. **Violations may result in denial, forfeiture or revocation of your CERPs Provider status.**

19. **What is the Speaker Disclosure & Conflict of Interest Declaration Form?**

Speakers are expected to disclose any relationships with other organizations, products and/or services that might present a conflict of interest. The Speaker Disclosure Form addresses whether the presenter has an affiliation or conflict of interest that might impair the objectivity of the material presented. This affiliation must be declared to the program participants so that participants can make their own evaluation about any bias in the information or conclusions presented. The provider must retain the Speaker Disclosure Forms for all speakers for a period of 6 years and submit them to IBLCE if audited.

20. **Does IBLCE require a CV from each speaker?**

CERPs Providers who are audited are required to submit copies of all the speakers’ CVs.

21. **How long must providers retain records?**

Provider must retain a copy of all completed application forms, attendance rosters and records, Speaker Disclosure and Conflict of Interest Declaration Forms, Speaker CV Forms, evaluation tools, evaluation summaries and other pertinent program materials for six years after the last date of the program.

22. **Is there a long term approval status for CERP providers?**

Organizations with a minimum of a 2 year history of CERP approval may apply to be a Long Term Provider (LTP). Please see the LTP application on our website.

**Audit Requirements for CERPs Providers**

Audits may be conducted either prior to or after the program date. Providers must submit the following information to IBLCE by the deadline specified. Failure to comply with these audit requirements will delay completion of CERPs approval, result in forfeiture of all fees, and may result in denial, forfeiture or revocation of CERPs.

- Bibliographies for each session on the program
- Completed and signed Speaker Disclosure & Conflict of Interest Declaration Forms for every speaker/presenter on the program
- Copies of the final printed or electronic advertisements and program materials that include statements about affiliations disclosed by speakers
- Completed Speaker Curriculum Vitae (CV) Forms for every speaker/presenter on the program
- Attendance rosters and records
- Copy of the evaluation tool and evaluation summary
- Copy of the final certificate of attendance that was distributed

**PLEASE NOTE:** CERPs Providers are expected to maintain copies of all program records for at least six (6) years following the last date the program was offered.
### CERPs PROVIDER APPLICATION FORM

**Name of Provider:** ____________________________________________________________

**Provider Address:** ____________________________________________________________

**Provider Email:** ________________________________ **Provider Website:** ______________

**Provider Phone:** ________________________________ **Provider Fax:** ____________________

**Name of Program:** ____________________________________________________________

**Date(s) of Program:** ____________________________________________________________

**Location of Program:** ____________________________________________________________

**Name & Address of Designated Contact Person:** ______________________________________

**Contact Phone:** ________________________________ **Contact Fax:** ____________________

**Contact Email:** ________________________________________________________________

**Choose the ONE option that best describes you or your organization.**

- [ ] Chapter or affiliate of ILCA
- [ ] Independent education provider
- [ ] Local/state/provincial professional association
- [ ] Regional/national/international professional association
- [ ] Academic institution
- [ ] Hospital or other healthcare organization
- [ ] Study/discussion group
- [ ] Other __________________________

**Choose the ONE option that best describes the type of program being offered.**

- [ ] One time only program
- [ ] Program offered multiple times
- [ ] Conference
- [ ] In-service education
- [ ] Independent study module
- [ ] Distance learning
- [ ] Education offered at regular group meetings
- [ ] Other __________________________

**Choose the ONE option that best describes the learning format of your program.**

- [ ] In-person
- [ ] Webinar or other internet-based medium
- [ ] Independent study
- [ ] Tele-conference
- [ ] Distance learning network
- [ ] Other __________________________

**Choose the ONE option that best describes the length of your program**

- [ ] Less than 2 hours
- [ ] 2.1 to 4 hours
- [ ] 4.1 to 8 hours
- [ ] 8.1 to 16 hours
- [ ] 16.1 to 24 hours
- [ ] More than 24 hours
CERPs Provider Application (continued)

Please read the following CERPs Provider Disclosure Statement carefully. In order for your program to be approved for CERPs, you must agree to both of these statements by signing and dating this form. Violations of the terms and conditions of this provider disclosure statement are considered unprofessional and could result in denial, forfeiture or revocation of your CERPs Provider status.

CERPs Provider Disclosure Statement
As the education provider, I/we wish to apply for Continuing Education Recognition Points (CERPs) to be allocated to the above program. I/We understand that:

- The program is intended as professional education for International Board Certified Lactation Consultants (IBCLCs).
- IBLCE must ensure that professional education for IBCLCs is free from the influence of commercial interests and, therefore, reserves the right to deny CERPs to education sponsored by individuals or companies that manufacture, market or distribute products of any kind.
- All program speakers/presenters must complete a Speaker Disclosure and Conflict of Interest Form and declare to us any affiliation or conflict of interest that might impair the objectivity of the information they present. Furthermore, I/we promise and agree that any such affiliation or conflict of interest was or will be brought to the attention of the participants.
- This application may be audited by IBLCE and that, if audited, I/we must submit all documentation requested by IBLCE. Therefore, I/we promise and agree to retain all program documentation for at least 6 years following the last date the program was offered. Failure to comply with audit requirements will delay processing of this application and/or denial or forfeiture of CERPs approval.

To the best of our knowledge, I/we declare that:

- No part of the program is organized by individuals or companies that manufacture, market or distribute products that are in any way related to breastfeeding and/or infant and young child feeding, nutrition and care, including products within the scope of the WHO International Code of Marketing of Breast-milk Substitutes (e.g. infant formula, bottles or teats).
- No such company or company personnel have had or will have input into the choice of presenters or topics or into the content of the program.

As the program organizer, I/we understand that in regard to the above described individuals or companies:

- I/We may accept funding from such individuals or companies in the form of unrestricted educational grants.
- I/We may charge such individuals or companies a fee for exhibiting at our program(s).
- Such individuals or companies may not fund or be identified with specific speakers or presentations.

Signature:__________________________________________________Date:____________________

Printed Name: ______________________________________________________________________

Position/Title: ______________________________________________________________________
CERPs Program Content Form

Name of Program Provider: __________________________________________________________________________________________

Title of Program: ___________________________________________ Date(s) of Program: ______________

For each session on the program, including breaks, provide the following information. If additional pages are needed, please copy and complete page 2 of this form as many times as needed. Follow the samples shown below.

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Start Time</th>
<th>Speaker</th>
<th>Number &amp; Type of CERPs</th>
<th>Content Abstract</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAMPLE: Sore Nipples in the Early Postpartum Period</td>
<td>9:00AM</td>
<td>Lisa Lactation, IBCLC</td>
<td>2 L-CERPs</td>
<td>An overview of the causes of sore nipples during the first month after birth and strategies for helping mothers overcome associated problems and challenges.</td>
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<tr>
<td></td>
<td>10:30AM</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>90 minutes</td>
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...
CERPs Program Content Form (page 2)

Name of Program Provider: _____________________________________________________________

Title of Program: ________________________________ Date(s) of Program: ________________

<table>
<thead>
<tr>
<th>Session Title</th>
<th>Start Time</th>
<th>Speaker</th>
<th>Number &amp; Type of CERPs</th>
<th>Content Abstract</th>
</tr>
</thead>
<tbody>
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2010 CERPs Provider Payment Form

Name of Provider: ________________________________ Program Date(s): _______________________

Payment Enclosed $US ______________

Fee Calculation: To calculate your fee, divide the total number of program minutes by 60 minutes per CERP. For example a 4 hour program would be 240 program minutes or 4.0 CERPs. Calculation of conference schedules with concurrent breakout sessions must include all program minutes. In the example shown below, an attendee would receive 2.75 CERPs; however, the program would be approved for 4.75 CERPs and the CERPs review fee would be $90.00.

### Sample Conference Schedule

<table>
<thead>
<tr>
<th>Program Minutes</th>
<th>Attendee Minutes</th>
<th>60 minute plenary session</th>
<th>3 choices of 60 minute concurrent breakout sessions</th>
<th>45 minute closing plenary session</th>
</tr>
</thead>
<tbody>
<tr>
<td>60</td>
<td>60</td>
<td>60</td>
<td>180</td>
<td>45</td>
</tr>
<tr>
<td>Total</td>
<td>165 (2.75 CERPs)</td>
<td>285 (4.75 CERPs)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 2010 CERPs Provider Fee Schedule

<table>
<thead>
<tr>
<th>Number of Program CERPs</th>
<th>Review Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 2 CERPs</td>
<td>$30.00 US</td>
</tr>
<tr>
<td>2.1 - 4 CERPs</td>
<td>$60.00 US</td>
</tr>
<tr>
<td>4.1 - 8 CERPs</td>
<td>$90.00 US</td>
</tr>
<tr>
<td>8.1 – 16 CERPs</td>
<td>$140.00 US</td>
</tr>
<tr>
<td>16.1 – 24 CERPs</td>
<td>$220.00 US</td>
</tr>
<tr>
<td>Over 24 CERPs</td>
<td>$320.00 US</td>
</tr>
</tbody>
</table>

Please make payment payable to IBLCE in US dollars.

Check/Money Order: Check/Money Order Number _____________ Payment Total $__________ US

Person/Organization Writing Check: ____________________________________________________________

Credit Card: □ American Express □ Discover □ MasterCard □ VISA

Credit Card Number: ____________

Total Amount to be charged on credit card: $_________________ US

Credit Card Expiration Date: ___________ Credit Card Verification Number: ___________

Signature of Cardholder: ________________________________________________________________

Printed Name of Cardholder: ______________________________________________________________

Address of Cardholder: _________________________________________________________________

__________________________________________________________

Cardholder Telephone: ____________________________
CERPs Provider Application Checklist

When applying to be a CERPs Provider, all of the following materials MUST be sent to IBLCE. Incomplete applications are subject to delays in processing and to additional fees. Complete applications will be reviewed in the order in which they are received.

☐ CERPs Provider Application Form that is signed and dated

☐ CERPs Program Content Form that includes the following information:
  ☐ Subject/title of each session
  ☐ Start and ending times for each session, including any breaks
  ☐ Abstract that describes the content of each session
  ☐ Name of speaker/presenter
  ☐ Number and type of CERPs (L, E, or R) requested for each session

☐ CERPs Provider Payment Form
  ☐ Payment

☐ Copy of the final program schedule as it will be printed on the program brochure, flyer or other printed or web-based method of advertisement

Send your completed application to:

IBLCE in the Americas  
6402 Arlington Blvd, Suite 350  
Falls Church, Virginia  22042-2356  
USA

Or, if filing electronically, send all materials to CERPs@iblce.org.
Speaker Disclosure & Conflict of Interest Declaration Form

It is the policy of the IBLCE to make best efforts to insure balance, independence, objectivity, and scientific rigor in all programs which qualify for Continuing Education Recognition Points (CERPs).

Consequently, all speakers/presenters participating in any program for which CERPs are awarded are expected to disclose to the program audience any affiliations that may have a bearing on the subject matter of their presentation. Such affiliations include, but are not limited to:

- manufacturers, marketers and distributors of products that are in the scope of the International Code of Marketing of Breast-milk Substitutes
- pharmaceutical companies
- biomedical device companies, including any devices intended to be used by breastfeeding mothers
- any other persons or entities related to the subject matter of the presentation topic or the general topic of the program as a whole.

The intent of this policy is to ensure that any real or potential conflict of interest shall be identified openly so that listeners may form their own judgments about the presentation with the full disclosure of pertinent facts. It remains for the audience to determine whether the speaker’s outside interests may reflect a possible bias in the information presented.

It is the responsibility of the Program Provider to distribute, collect and retain completed Speaker Disclosure & Conflict of Interest Declaration Forms from each speaker on the program schedule. Furthermore, it is the Program Provider’s responsibility to print any disclosures made by Speakers in the program materials and to provide IBLCE, upon request, with copies of the completed disclosure forms. Failure to comply with these requirements may result in denial of CERPs credit from IBLCE.

Sample Program Material Disclosure Statements

When the speaker discloses no affiliations or conflicts of interest, it is not necessary to print a statement in the conference materials. You may choose to make a statement such as: Ms. Smith does not have any affiliations with any persons or entities that could be perceived as having a bearing on her presentation.

When the speaker discloses an affiliation or conflict of interest, you must make a statement. For example:

Ms. Smith is a product representative for Lactation Products, Inc., a manufacturer of medical devices used by breastfeeding women.

Mr. Jones’s research on the growth of preterm babies was supported in part by a grant from Human Milk Fortifiers, Inc.

PROGRAM PROVIDERS: Please complete Section 1 before distributing the form to all speakers on your program. Please distribute both pages of the form to each speaker—do not separate the two pages of the form.

Section 1: For program providers

Program Provider: ____________________________________________________________

Program Title: __________________________________________________________________________

Program Date(s): _________________________ Location: ____________________________

Program Provider’s Address: __________________________________________________________________________
SPEAKERS: Please provide all applicable information requested. You are expected to disclose any relevant information to the program audience. Return the completed form to the program provider listed on page 1 of this form.

Section 2: For program speakers

Speaker’s Name: _______________________________________________________________________________

Title of Presentation(s): __________________________________________________________________________
_____________________________________________________________________________________________

Please check one:

☐ I have no actual or potential declarations to make in relation to this program.

☐ I have an affiliation with one or more persons or entities that could be perceived as having a bearing on my presentation of this subject. I have listed all current affiliations below:

Affiliation ¹ Name of Organization(s)
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________

Date ___________________ Signature of Speaker

¹ Possible types of affiliation include: grant/research support; receipt of honorarium, travel or other benefits; acting as a consultant/independent contractor, employee officer, director, or owner of a self-managed equity interest; participation as par to a speaker’s bureau or being a regular contributor to a publication; having a close friend or family member who is an officer, director, employee or who has a self-managed equity interest; and any other financial or material support.
Sample Certificates and Rosters

The following are examples that CERPs Providers may use for producing CERPs certificates and rosters.

Sample CERPs Certificate

BESTFED HOSPITAL
Newtown

Helping Teen Mothers Breastfeed
12 December 20__

Participant’s Name: ___________________

2.25 L CERPs allocated
IBLCE: Approval No. Cxxxxx

[If relevant, indicate approved education units from other organisations]

Signed: ________________________________
(Mary Jones, RN RM IBCLC Nurse Unit Manager)

Sample CERPs Certificate for a Program with Concurrent Breakout Sessions

CAPITAL REGION BREASTFEEDING TASK FORCE
RICHMOND, VIRGINIA USA
BREASTFEEDING: BEYOND THE BASICS
JUNE 1-2, 2010
RICHMOND CONVENTION CENTER

Participant’s Name _____________________________________________________

June 1, 2010
7:00 – 8:30 PM  Keynote: Promoting Breastfeeding in the 21st century  1.5 (L)

June 2, 2010
8:30 – 9:30 AM  Plenary: The Politics of Breastfeeding  1.0 (L)
10:00 – 11:30 AM  Breakout Sessions (circle one)  1.5 (L)
A. Community Coalition Building
B. High School Outreach

12:45 – 1:30 PM  Lunch Presentation: The Costs of Not Breastfeeding  0.75 (L)
2:00 – 3:30 PM  Breakouts Sessions (circle one)  1.5 (L)
C. Public Health Implications
D. Health Care Providers, Working Together

3:30 – 4:00 PM  Closing Session: Reaching Out to All Breastfeeding Families  0.5 (L)

Approved for 6.75 L CERPs by IBLCE: Approval No. xxxx
Sample Attendance Roster

### CERPs Program Attendance Roster

<table>
<thead>
<tr>
<th>Participant’s Name</th>
<th>Are you an IBCLC?</th>
<th>CERP Awarded</th>
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