



**Application for Designation as  
Fellow of the Academy of Breastfeeding Medicine**  
\_\_\_\_\_ Initial Application      \_\_\_\_\_ Maintenance of Fellowship  
(Must check one)

**Name (Last, First, MI):**

**Preferred Address:**

**Telephone (include area and country code):**

**Email address (\*Most important; will be way of contact):**

**Medical School and degree:**

**Graduation date from Medical School:**

**Other Graduate Degrees (Indicate which):**

**Field of Study:**

**Year of Most Recent Certification in Field of Study:**

**Current Location of Practice:**

**Current Position/Title:**

**ABM Start Date:**

**ATTENDANCE AT ABM ANNUAL MEETINGS** (Please scan certificate of hours attended and send electronically with application):

| <b>Date</b>           | <b>Location</b>   | <b>Hours of Instruction Available</b>    | <b>Indicate Hours of Instruction Attended</b> |
|-----------------------|-------------------|--|---|
| October 27-30, 1999   | San Diego, CA     | 16                                       |   |
| September 11-13, 2000 | Phoenix, AZ       | 13                                       |   |
| November 2-5, 2001    | Washington DC     | 13                                       |   |
| November 15-17, 2002  | Vancouver, BC     | 15.5                                     |   |
| October 16-20, 2003   | Chicago, IL       | 15.5                                     |   |
| October 21-25, 2004   | Orlando, FL       | 15                                       |   |
| October 20-24, 2005   | Denver, CO        | 17                                       |   |
| September 19-22, 2006 | Niagara Falls, NY | 17                                       |   |
| October 11-14, 2007   | Fort Worth, TX    | 20.25                                    |   |
| October 23-26, 2008   | Dearborn, MI      | 17.75                                    |   |
| November 5-8, 2009    | Williamsburg, VA  | 20.25                                    |   |
| October 28-30, 2010   | San Francisco, CA | 23.5                                     |   |
|                       |                   | <b>Hours attended at Annual Meetings</b> |   |

**ATTENDANCE AT ABM-SPONSORED REGIONAL MEETINGS** (Please scan certificate of hours attended and send electronically with application):

| Date                 | Location                                  | Hours of Instruction Available                  | Indicate Hours of Instruction Attended |
|----------------------|---|---|--|
| October 4, 2007      | Goepingen, Germany                        | 11.00   |  |
| November 3-4, 2007   | Osaka, Japan                              | 9.5   |  |
| October 4-5, 2008    | Vienna, Austria                           | 11.5  |  |
| November 23-24, 2008 | Saitama Kyousai Kaikan,<br>Saitama, Japan | 10.0  |  |
| March 20-21, 2010    | Torun, Poland                             | -   |  |
|                      |   | <b>Hours attended at ABM-sponsored meetings</b> |  |

## PROFESSIONAL EXPERIENCE REGARDING BREASTFEEDING / HUMAN LACTATION IN THE PAST 10 YEARS

### A) CLINICAL ACTIVITIES (including administrative activities in clinical setting):

| Place of Work/ Experience                                 | Title/ Position                                 | Area/Nature of Work/Experience                       | Month/year started and ended | Approx # of weeks (excluding leave) | Average hours per week | Total hours worked (weeks x hrs/wk) | % time giving clinical lactation care | TOTAL HOURS (total hrs worked x % time providing lactation care) |
|---|---|--|------------------------------|-------------------------------------|------------------------|-------------------------------------|---------------------------------------|--|
| <b>EXAMPLES</b>   |   |  |                              |                                     |                        |                                     |                                       |  |
| Any Children's Hospital                                   | Pediatric Resident                              | General Pediatric Outpatient Clinic                  | 7/05-6/08                    | 150 (50wks/yr)                      | 4                      | 660                                 | 15%                                   | 90   |
| Any maternity hospital                                    | Ob/GYN Resident                                 | Did prenatal and postnatal counseling                | 7/00-6/04                    | 144 (9 mo/yr x 4 yrs)               | 4                      | 576                                 | 10%                                   | 58   |
| Any maternity hospital                                    | Director, Newborn Nursery                       | Patient rounds                                       | 1/03-ongoing                 | 336 (48 wks/yr)                     | 4 (done in blocks)     | 1344                                | 10%                                   | 134  |
| Any neonatal intensive care unit                          | Neonatologist                                   | Ward attending in level II and III nursery           | 7/00-6/03                    | 150 (50 wks/yr)                     | 8 (done in blocks)     | 1200                                | 5%                                    | 600  |
| Any Private practice                                      | Family Practitioner, Pediatrician, OB.GYN, etc. | Outpatient practice of caring for mothers and babies | 10/90-ongoing                | 480 (48wks x 10 yrs max)            | 50                     | 24,000                              | 5%                                    | 1,200  |
| <b>YOUR INFORMATION</b>                                   |   |  |                              |                                     |                        |                                     |                                       |  |
|   |   |  |                              |                                     |                        |                                     |                                       |  |
|   |   |  |                              |                                     |                        |                                     |                                       |  |
|   |   |  |                              |                                     |                        |                                     |                                       |  |
|   |   |  |                              |                                     |                        |                                     |                                       |  |
|   |   |  |                              |                                     |                        |                                     |                                       |  |
| <b>Total of your hours added together</b>                 |   |  |                              |                                     |                        |                                     |                                       |  |
|   |   |  |                              |                                     |                        |                                     |                                       | Multiply total hours by 0.01                                     |
| <b>Points added from above</b>                            |   |  |                              |                                     |                        |                                     |                                       |  |
| <b>If IBCLC (Must submit copy of current certificate)</b> |   |  |                              |                                     |                        |                                     |                                       | <b>Add 5 more points</b>   |
| <b>Total points added from above</b>                      |   |  |                              |                                     |                        |                                     |                                       |  |



**B) EDUCATIONAL ACTIVITIES** (including any lectures to any trainees, curriculum/program development in an educational setting)

| Place of Work/ Experience                 | Title/ Position            | Area/Nature of Work/Experience                  | Month/year started and ended | Approx # of weeks excluding leave | Average hours per week | TOTAL HOURS                               |
|---|----------------------------|---|------------------------------|-----------------------------------|------------------------|---|
| <b>EXAMPLES</b>                           |                            |   |                              |                                   |                        |   |
| Any hospital residency program            | Clerkship director         | Do intro to breastfeeding lecture monthly       | 2/04-ongoing                 | 200                               | 1                      | 20  |
| Any state breastfeeding coalition meeting | Local breastfeeding expert | Lecture to local lactation consultants          | One time                     | One time                          | One time               | 8<br>(1 hr lecture plus preparation time) |
| Any maternity hospital                    | Director, Newborn Nursery  | Developed educational materials for new parents | 12/08-6/09                   | 28                                | 5                      | 140                                       |
| Any training program                      | Trainee mentor             | Worked to help trainee do research project      | 7/07-6/08                    | 48                                | 2                      | 96  |
| Any hospital                              | IBCLC mentor               | Provide observational hours for IBCLC trainees  | 11/09-ongoing                | 24                                | 3                      | 72  |
| <b>YOUR INFORMATION</b>                   |                            |   |                              |                                   |                        |   |
|   |                            |   |                              |                                   |                        |   |
|   |                            |   |                              |                                   |                        |   |
|   |                            |   |                              |                                   |                        |   |
|   |                            |   |                              |                                   |                        |   |
| <b>Total of your hours added together</b> |                            |   |                              |                                   |                        |   |
|   |                            |   |                              |                                   |                        | <b>Multiply total hours by 0.01</b>       |
| <b>Total points added from above</b>      |                            |   |                              |                                   |                        |   |

**C) ADVOCACY / POLICY-MAKING / PROGRAM DEVELOPMENT** (outside clinically-related setting)

| Place of Work/ Experience                            | Title/ Position                         | Area/Nature of Work/Experience                           | Month/year started and ended | Approx # of weeks excluding leave | Average hours per week | TOTAL HOURS                  |
|--|---|--|------------------------------|-----------------------------------|------------------------|------------------------------|
| <b>EXAMPLES</b>                                      |   |  |                              |                                   |                        |                              |
| Media spokesperson                                   | Hospital Media team                     | Serve as local breastfeeding expert                      | 2/01-ongoing                 | varies                            | varies                 | 15                           |
| Representative to national association or government | Chapter Breastfeeding Coordinator       | Work with state officials to promote breastfeeding       | 6/06-ongoing                 | varies                            | varies                 | 120                          |
| Legislative activity                                 | Local breastfeeding expert              | Spoke to State legislature about breastfeeding in public | 6/05                         | One time                          | One time               | 5                            |
| Conference organizer                                 | AAP, SOBr national conference organizer | Organize annual meeting session                          | 10/10                        | One time                          | One time               | 50                           |
| Committee member in breastfeeding organization       | ABM Fellowship committee chair          | Rewrite application materials, review applications       | 11/09-ongoing                | 100                               | 1                      | 100                          |
| <b>YOUR INFORMATION</b>                              |   |  |                              |                                   |                        |                              |
|  |   |  |                              |                                   |                        |                              |
|  |   |  |                              |                                   |                        |                              |
|  |   |  |                              |                                   |                        |                              |
|  |   |  |                              |                                   |                        |                              |
| <b>Total of your hours added together</b>            |   |  |                              |                                   |                        |                              |
|  |   |  |                              |                                   |                        | Multiply total hours by 0.01 |
| <b>Total points added from above</b>                 |   |  |                              |                                   |                        |                              |

**D) RESEARCH RELATED ACTIVITIES / PUBLICATIONS** (List in format typical of *Curriculum Vitae*. May include extra pages as needed)

Peer Reviewed Publications / Book chapters

Non-Peer Reviewed Articles for local organizations, websites, magazine articles, etc.

|  |   |  |
|--|---|--|
|  | <b>Peer reviewed publications / book chapters<br/>(0.5 points each)</b> |  |
|  | <b>Non-peer reviewed publications<br/>(0.1 points each)</b>             |  |
|  | <b>Total points added from above</b>                                    |  |

**Points Total**

| <b>Activity</b>                                 | <b>Your Points</b> |
|---|--------------------|
| CLINICAL  |                    |
| EDUCATIONAL                                     |                    |
| ADVOCACY / POLICY-MAKING / PROGRAM DEVELOPMENT  |                    |
| RESEARCH RELATED ACTIVITIES / PUBLICATIONS      |                    |
| <b>Your Total points<br/>(Must equal to 40)</b> |                    |

**Name, address, phone number and e-mail address of 2 letters of reference(Requirement for Initial Fellowship Application Only):**

1. **ABM Fellow:**

2. **ABM Member:**

I declare that I have examined this application and accompanying statements, and to the best of my knowledge and belief, they are true, correct and complete.

\_\_\_\_\_  
(Your electronic signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Please print name)

## Submission Process

Please return the completed application via email to: **abm@mmsionline.com**  
In subject line, please put **Fellowship Application for <Your name>**

For any questions, please call the ABM office at **1 (800) 990-4ABM (USA toll free)**

Nonrefundable Payment required with the application and is as follows:

|                   | <b>Initial Application</b> | <b>Maintenance of Fellowship</b> |
|-------------------|----------------------------|----------------------------------|
| <b>Category 1</b> | \$350                      | \$100                            |
| <b>Category 2</b> | \$135                      | \$50                             |
| <b>Category 3</b> | \$60                       | \$25                             |

Please make check payable to the Academy of Breastfeeding Medicine and mail separately from application. All international payments must be in the form of a U.S. draft drawn on a U.S. Bank.

**OR**

Provide credit card information below:

Credit Card Remittance information:

Visa / MasterCard       Discover       American Express

Account # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature (must print, sign, and mail this page separately if paying with credit card. Contact ABM office for details): \_\_\_\_\_

Amount to be Charged      \$\_\_\_\_\_

Name as it appears on Card: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email address: \_\_\_\_\_