

IBLCE

International Board of Lactation Consultant Examiners

Professional Reference for an Applicant for the IBLCE Exam

Applicant's name _____

Applicant's job/position/title _____

Period of service, relevant to this referee, from (month/year) _____ to (month/year) _____

Dear applicant,

This form is provided as an alternative to a letter of reference. Please insert your details above and give this form to the person you wish to provide a reference for you. Ask the person to return to you the completed form, or a letter of reference, so you can enclose it with your exam application. We ask you to make sure that your complete application is submitted by the due date, including the provision of 2 references.

Referee's name _____

Referee's job/position/title _____

Institution/agency/organisation _____

Referee's telephone number _____

Dear referee,

The person named above is applying to sit for the IBLCE certification exam. IBLCE requires that each exam applicant submit two original professional references as part of the application process. References must attest to the applicant's competence in the field and to the applicant's character.

Thank you for agreeing to provide one of the two references required by this applicant. Please answer the questions on the other side of this sheet. If you do not know the answer to a particular question, or are not in a position to answer it, please indicate. If the space provided for comment is not adequate, please attach additional sheets. Instead of using this form, you may prefer to write a reference in the form of a letter, providing the requested information about the applicant to the extent that you are able.

Please return it to the applicant for inclusion with the application form and other documentation.

Thank you for your assistance!

Ilse Bichler, IBCLC

Regional Administrator

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1. How long have you known the applicant? _____

2. Are you directly familiar with the applicant's work? _____

3. If so, do you confirm that the applicant's calculation of breastfeeding consultancy hours listed in section 7 of the application form is accurate (in relation to the period relevant to you)? _____

4. Have you personally observed the applicant in consultations with breastfeeding mothers and babies?

5. How would you rate the applicant's clinical skills in lactation based on your observation?
Excellent / Very Good / Good / Satisfactory

6. How would you rate the applicant's counselling and interpersonal skills?
Excellent / Very Good / Good / Satisfactory

7. Please, briefly describe the personality of the candidate:

8. Do you recommend the applicant, if successful in the exam, for certification as a lactation consultant?

Referee's signature _____ Date _____