

FOR OFFICE USE ONLY

Lactation Consultant Checklist

- Application
- Application Fee
- IBLCE Exam Results
- IBLCE Certificate
- Training Certificate
- Photo
- Proof of Age/Photo Identification
- O/S License Verification



FOR OFFICE USE ONLY

Application Approved:

License Number:

Issue Date:

Signature of Board Administrator

ID#:

Receipt #:

**Rhode Island
Board of Lactation Consultants**

Room 104
3 Capitol Hill
Providence, RI 02908-5097

***Instructions and Application For
License As A***

Lactation Consultant

by

Application

FOR OFFICE USE ONLY

License # _____
Name _____

MILITARY STATUS ELIGIBILITY

*(Documentation Required)
see next page for instructions*

Please check ONE of the following criteria for expedited application:

- I am in active military duty or a reservist
- I am a military veteran with honorable discharge
- I am the spouse of someone in active military duty or the spouse of a reservist

Applicant - Print Name

LAST NAME

FIRST NAME

MI

Phone: (401) 222-2828

TTY/TDD: (800) 745-5555

Fax: (401) 222-1272

GENERAL INFORMATION

Enclosures

The following materials and information should be enclosed within this application packet:

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Application.....	4-7
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Interstate Verification Form - Other State License(s).....	9

Licensure Requirements

All Applicants

- Fee of **\$50.00 (NON-REFUNDABLE)** Make check or money order (in U.S. funds only) for the application fee payable to **Rhode Island General Treasurer** and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE . Please be advised that this is an application fee and includes the first license **only** up until the next expiration date. All Lactation Consultants licenses expire on the 31st of January in each odd-numbered year.
- Affix a recent **2 X 3 photo** of yourself in the space provided.
- Proof of Age - Please attach a photocopy of your driver's license or other state issued ID verifying your are 18 years of age or older
- Official transcripts or other acceptable verification of successful completion of an academic and practical program in lactation that is accredited by the International Board of Lactation Consultant Examiners;
- IBLCE Exam Results sent directly from the *International Board of Lactation Consultants Examiners*
- Active Certification sent directly from the *International Board of Lactation Consultants Examiners*
- License Verifications from the state(s) in which applicant holds or has held a license (see page 9). Please send the license verification form on page 9 to all states in which **applicant** holds or has held a license or certificate as a Lactation Consultant. Be sure to sign and complete the identifying information on the form. HEALTH must receive these verifications **directly** from the licensing authority in each state.

Military Expedited

If applying for expedited military status you must include one of the following: Leave Earning Statement (LES), Letter from Command, Copy of Orders or DD-214 showing honorable discharge.

Rules and Regulations/Laws

To obtain the Rules and Regulations for your profession visit the RI Secretary of State website and use keyword "Lactation".

<http://sos.ri.gov/rules/index.php>

APPLICATION PROCESS OVERVIEW

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation, and the Rhode Island Lactation Advisory Council.

Application Process

In addition to the application, you must submit additional information directly to the Board. All items listed on the “checklist” (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year a new application must be submitted.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 4-6 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the Board office, in writing, if your address changes in the interim or if your national certification expires.

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

<https://healthri.mylicense.com/Verification/>

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once completed, the application will be reviewed, and you will be contacted in writing.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the staff at (401) 222-2828.

INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

General Instructions

1. Make a copy of the application and forms before you begin in case you make a mistake.
2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
3. Provide a response to each section or question; otherwise mark “N/A” for Not Applicable.
4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
5. It is your responsibility to check on the status of your application.

Mail the application and documentation to:

**Rhode Island Department of Health
Office of Health Professionals Regulation
3 Capitol Hill, Room 104
Providence, RI 02908-5097**



State of Rhode Island Lactation Consultant

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens.

1. Name(s)

This is the name that will be printed on your License/Permit/Certificate and reported to those who inquire about your License/ Permit/ Certificate. Do not use nicknames, etc.

Title (i.e., Mr., Mrs., Ms., etc.)

First Name

Middle Name

Surname, (Last Name)

Suffix (i.e., Jr., Sr., II, III)

Maiden, if applicable

Name(s) under which originally licensed in another state, if different from above (First, Middle, Last).

2. Social Security Number

 - -

U.S. Social Security Number

"Pursuant to Title 5, Chapter 76, of the Rhode Island General Laws, as amended, I attest that I have filed all applicable tax returns and paid all taxes owed to the State of Rhode Island, and I understand that my Social Security Number (SSN) will be transmitted to the Division of Taxation to verify that no taxes are owed to the State."

3. Gender

 Male Female

4. Date of Birth

 / / **1** **9**

Month

Day

Year

5. Home Address

It is your responsibility to notify the board of all address changes.

1st Line Address (Apartment/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 -

Home Phone

State

Zip Code

 -

Postal Code, If NOT U.S.

 -

Home Fax

Email Address (Format for email address is Username@domain e.g. applicant@isp.com)

6. Business Address

(ONLY if it is RELATED to your license.)

It is your responsibility to notify the board of all address changes.

This address will appear on the Department of Health web site.

Name of Business/Work Location

1st Line Address (Department/Suite/Room Number, etc.)

Second Line Address (Number and Street)

City

Country, If NOT U.S.

 -

Business Phone

Extension

State

Zip Code

 -

Postal Code, If NOT U.S.

 -

Business Fax

<p>7. Preferred Mailing Address Please check <u>ONE</u></p>	<p><input type="checkbox"/> Please use my Home Address as my preferred mailing address</p> <p><input type="checkbox"/> Please use my Business Address as my preferred mailing address</p>																
<p>8. Qualifying Education Please list the name and information about the school that you attended that qualifies you for this license.</p>	<p><input style="width:100%; height:15px;" type="text"/> Type of School (University, College, Technical School, etc.)</p> <p><input style="width:100%; height:15px;" type="text"/> Name of School</p> <p>Date Graduated: <input style="width:30px; height:15px;" type="text"/> <input style="width:30px; height:15px;" type="text"/> Month Year</p> <p><input style="width:100%; height:15px;" type="text"/> Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)</p>																
<p>9. Other State License(s) Please answer the question and list state(s), if applicable</p>	<p>Have you ever held, or do you currently hold, a license in another state as a Lactation Consultant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If the answer to this question is “yes”, enter all other state licenses in Question 10 (below):</p>																
<p>10. Licensure List all states or countries in which you are now, or ever have been licensed to practice your profession.</p>	<table style="width:100%; border:none;"> <tr> <td style="width:50%; border:none;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="width:50%; border:none;"> State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> <tr> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> <td style="border:none;"> _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive </td> </tr> </table>	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	State/Country: _____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive	_____ <input type="checkbox"/> Active <input type="checkbox"/> Inactive													
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DOCUMENTATION NEEDED for Endorsement Applicants:

YOU must send an “Interstate Verification Form” (See page 9) to each state in which you are, or ever have been, licensed/certified as a Lactation Consultant (Make copies as needed).

11. Criminal Convictions

Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.

If necessary, you may continue on a separate 8½ x 11 sheet of paper.

Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?

Yes No

Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):

Month	Year
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

12. Disciplinary Questions

Check either Yes or No for each question.



1. Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?

Yes No

2. Have you ever been denied a license, certificate, registration or permit in any state?

Yes No

Note: If you answer "Yes" to any question, you are **required** to furnish complete details, including date, place, reason and disposition of the matter. You may use the space below or, if needed, on a separate sheet of paper. Any applicant, whose criminal records check reveals a conviction for any sexual offense, shall be denied a license.

13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I, _____, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as a Lactation Consultant in the State of Rhode Island.

I understand that I must notify the Department, in writing, within five (5) business days of receiving notification from the International Board of Lactation Consultant Examiners that my status as an International Board Certified Lactation Consultant has been revoked and/or subject to any restriction, limitation or other sanction. I further understand that I must notify the Department, in writing, within five (5) business days of failure to renew or other lapse of my status as an International Board Certified Lactation Consultant.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Board of Lactation Consultants of any change in the answers to these questions after this application and this affidavit is signed.

Signature of Applicant

Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as documentation and did / did not take an oath.

Name of Notary (Print, Type or Stamp)

Signature of Notary

Notary No/Commission No.

Commission Expiration Date (MM/DD/YY)

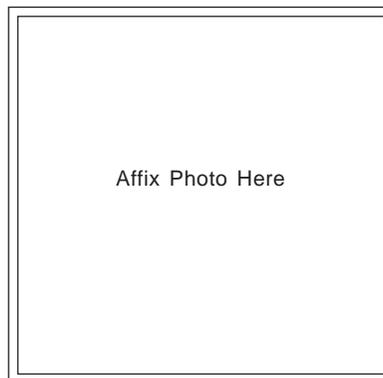


14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.



Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

APPLICATION CHECKLIST

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

Board Application

- I have read and understand the “Instructions for Completing the Application”.
- I have completed the Rhode Island Board application as instructed (pages 4-7).
- I have attached the cover page of the application.
- I have completed Section 13, “**Affidavit of Applicant**”, and had the form notarized by a notary public.
- I have attached a photograph to Section 14, “**Recent Photograph**” as instructed. I have verified that it meets the photograph requirements as stated in the application.
- I have attached a copy of my driver’s license or other photo identification verifying my age is over 18 years.
- I have a **check or money order** (preferred), made payable (in U.S. funds only) to the: “**Rhode Island General Treasurer**” in the amount of **\$50.00 (NON-REFUNDABLE)** and attached it to the upper left-hand corner of the Cover (Top) page of the application.
- I have arranged my Board Application materials in the following order.
 1. Fee (attached as instructed).
 2. Application (including cover page) and pages 4-7.
 3. Supporting documentation as required. [**Note:** Pages containing additional information in continuation of the application **MUST** indicate the section for which the information is being reported.]
- I have mailed the above application materials directly to the Rhode Island Board of Lactation Consultants.

Required Forms

- I have completed and mailed the following forms as instructed.
 1. Interstate Verification Form(s) - Other State License(s)

Other Documents

- I have requested a completed official transcript or other verification of successful completion of an academic and practical program in lactation that is accredited by the International Board of Lactation Consultant Examiners.
- I have requested results of the certification examination sent directly from the International Board of Lactation Consultant Examiners.
- I have requested proof of current board certification sent directly from the International Board of Lactation Consultant Examiners.



Rhode Island Board of Lactation Consultants

Room 104, 3 Capitol Hill
 Providence, RI 02908-5097
 (401) 222-2828

INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Lactation Consultant in the State of Rhode Island. The Rhode Island Board of Lactation Consultants requires that the following form be completed by the jurisdiction(s) in which I hold or have held a license. This constitutes authority for you to release all information in your files, favorable or otherwise, directly to the Rhode Island Board of Lactation Consultants at the above address.

Print/Type Full Name	Signature	Date
Previous Names Used	Social Security Number	Date of Birth
License Number	Date Issued	

THIS SECTION TO BE COMPLETED BY THE LACTATION CONSULTANTS BOARD

Academic and Practical Program Completed:	Location:	Graduation Date:
Licensed by Examination? <input type="checkbox"/> Yes <input type="checkbox"/> No	Applicant has completed and passed the National Certification Exam: <input type="checkbox"/> Yes <input type="checkbox"/> No	
License Status: <input type="checkbox"/> Active <input type="checkbox"/> Inactive <input type="checkbox"/> Lapsed	Original Date Issued:	Expiration Date:

Questions:

1. Has this licensee ever been investigated by your Board? Yes No
2. Has this licensee incurred any disciplinary proceedings in your state, or is any action pending? Yes No
3. Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation? Yes No
4. Do you know of any information that may discredit this person? Yes No

If you answer "Yes" to questions 1-4, please provide a written explanation below, and attach a copy of all supporting documentation (e.g., Board order, complaint, etc.).

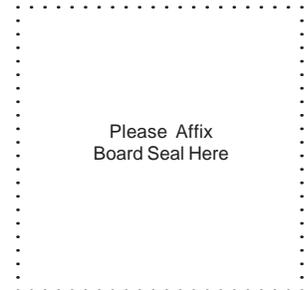
Certification:

Signature _____ Date _____

Type or Print Name _____

Title _____

Full Name and State of Licensing Board _____



Please return directly to the Board at the above address. Thank you for your prompt cooperation.