

The NCAT Pathway 2 Human Lactation Training Program
Department of Family and Consumer Sciences

Please return this form and other required documentation and/or questions by email to the Graduate College.

Note: This application is “supplemental” in that it is to be completed in addition to any other application you may be submitting for the NCAT Graduate Programs. Please upload this document into your graduate portal.

Personal Information:

Name: _____ **Birthdate** (mm/dd/yyyy): _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County of Residence: _____ **Email Address:** _____

Home Phone: _____ **Cell Phone:** _____

Gender (optional): _____ **Race/Ethnicity (optional):** _____

1. Are you a *current* NCAT student/employee Yes ___ No ___

IF YES, what degree program/department are you in? _____

Have you been accepted to NCAT for the 2020-21 academic year? Yes ___ No ___

Complete the table below, describing your previous education:

Degree Attained:	Graduation Date:	Name of School:	Grade Point Average (indicate point system):

2. Are you a United States citizen? Yes ___ No ___

If no, please attach a copy of a valid Student Visa or Permanent Resident Card.

3. Have you ever been arrested, charged with, or convicted of a criminal offense (either civilian or military) or are you under pending investigation, other than a minor traffic violation? Yes ___ No ___

Supplemental Application for *The NCAT Pathway 2 Lactation Program*

If yes, please attach an explanation describing the circumstances and current status of any arrests, charges or convictions.

NOTE: Course Scheduling Information: The mandatory didactic (classroom) portion of the class is offered on Fridays.

Indicate in priority order (in numerical order...1, 2, 3) which full days of the week you are available for 8-10 hours of clinical rotations during Academic Year 2020-21 (clinical rotations may NOT be completed in partial days and Friday is NA due to class):

Monday:	Tuesday:	Wednesday:	Thursday:	Saturday	Sunday
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Are you an IBLCE recognized health professional? Please reference this link for a list (<https://iblce.files.wordpress.com/2017/05/recognised-health-professions.pdf>)

List Health Profession: _____

If you are not a IBLCE recognized health professional, please indicate whether you have successfully completed at least one academic credit hour in the following coursework:

(Note: Completion of the coursework below is not a requirement for applying to the training program. However, you must have a plan to complete the below coursework by December 2020 See Appendix A.)

Course Subject	Completed Y/N	Completion Date	Name of institution where course completed
Biology			
Human Anatomy			
Human Physiology			
Growth/Development			
Nutrition			
Psychology/Communication			
Introduction of Research			
Sociology/Anthropology			
CPR for Health Professionals			

List any previous breastfeeding or other clinically-related coursework that you have completed. This may include conferences, courses related to breastfeeding/lactation, etc.

Name of course/conference	Host/Institution of course/conference	Hours completed	Date of completion

Describe any additional breastfeeding/lactation support that you have provided outside of coursework/conferences, being sure to include location, role, dates, etc. (if applicable)

Describe any additional general clinical experience (e.g., doula work, nursing, dietetics, etc.) you have had including location, duties, length of experience, etc. (if applicable)

Short Essay (Please limit your response to 500 words):

Please describe why you would like to become an International Board Certified Lactation Consultant (IBCLC). Your response must include the following information:

- **Why is cultural diversity essential to the field of Lactation?**
- **Describe your experience or explain how you have been educated to understand the history of African Americans, Latinos, Asians, Native Americans and other historically marginalized communities in the USA.**
- **What steps have you taken to ensure you understand the expectations of the profession?**
- **How do you plan to prepare yourself for the demands of an 8-10 hour clinical day and a graduate level course?**
- **What skills/characteristics do you have that will contribute to your success in this field?**
- **How do you plan to use your IBCLC credential after completing this training program?**

It is imperative that all applicants review the Student Handbook prior to submitting their application for the program. A signature is required indicating that the applicant has reviewed the information in the Student Handbook and agrees to abide by the policies, procedures, and guidelines for the program.

When reviewing the Student Handbook, please take special note of the following:

- Admissions Policies and Practices
- Essential and Technical Standards for Admission, Progression, and Graduation
- Policy on Advanced Placement
- Policy on Transfer of Credits
- Policy on Credits for Experiential Learning
- Number of Credits Required for Program Completion
- Tuition, Fees, and Other Program Costs
- Policy for Student Withdrawal
- Policy and Procedure for Refunds of Tuition/Fees
- Academic Calendar
- Student and Faculty Grievance Procedure
- Criteria for Successful Completion of Each Segment of the Program
- Criteria for Graduation and Course Completion
- Policy for Performing Service Work While Enrolled in the Program
- Non-Discrimination Policies
- Policies and Procedures to Safeguard Student Health and Safety

By signing this page, you attest that you have read the Student Handbook, with special attention given to the above topics, and agree to abide by the policies, procedures, and guidelines set forth by the program administration.

_____ NAME

_____ SIGNATURE

_____ DATE

Appendix A. To be completed if you have not completed all IBLCE-required coursework.

Do you have a plan to complete the below coursework by December 2020 Yes ___ No ___

Indicate which courses need to be finished and describe your plan and timeline below for completing them by December 2020 (i.e., are you already enrolled, when you will enroll, etc.)

Due to the demands of the program, priority will be given to students who have no more than one course left to complete from the IBLCE- required coursework.

Course Subject	Indicate course to be completed	Date of anticipated completion	Name of institution where coursework will be completed
Biology			
Human Anatomy			
Human Physiology			
Growth/Development			
Nutrition			
Psychology/Communication			
Introduction of Research			
Sociology/Anthropology			