IBLCE Board of Directors Application 2026

Along with this application* please submit a current C.V. that includes Name, Email, Location, Practice Setting, any Credentials, Licenses, Professional Membership, and Education/Training/Certificates.

*** If you need extra space for your response, please continue on a separate sheet.**

Applicant Name

Applying as (choose one):

☐ IBCLC

☐ Public or Consumer Member

Do you have peer-to-peer support leadership experience? ☐ YES ☐ NO

Describe any experience you have had with breastfeeding, peer-to-peer and/or parent-to-parent support leadership experience, including organisational role, title, and dates of services. Please also indicate how many hours per week you counselled.

List all languages in which you are fluent.

Describe your level of competency in the English language in professional conversations: Basic / Intermediate / Advanced / Fully fluent

List Finance/Business/Marketing Experience.

List computer skills/abilities.

Are you able to travel to the US and other countries for semi-annual Board Meetings? Are you able to obtain visas for travel?

As a Board member you will be asked to serve on approximately 2-3 committees. These committees hold virtual meetings (Zoom/Online Collaborative Workspace), as needed, up to once a month.
Are these committees something in which you can participate? Please explain.

Will your job support your service to the Board?

Are you involved in any examination preparation courses for the IBCLC examination?

List involvement in any education or training which counts toward an IBCLC eligibility for:

- **Pathway 1: Recognised Health Professionals and Recognised Breastfeeding Support Counsellors;**
- **Pathway 2: Accredited Lactation Academic Programmes; or**
- **Pathway 3: Mentorship with an IBCLC**

Are you involved in any mentoring of candidates to sit the IBLCE examination?

Of the competencies listed, list which three (3) are your strongest and which three (3) you have the most room for development and why.

- Maintains confidentiality
- Displays discretion, cultural competency/humility
- Demonstrates ability to compromise
- Is currently active in the profession and/or currently working with breastfeeding families
- Is strategic and visionary
- Demonstrates leadership skills
- Displays active listening skills
- Has adequate time and flexibility to devote to volunteer role (available during business hours with adequate notice)
- Has comfort with risk or ambiguity
- Experience with public speaking within multiple stakeholder groups (communications)
- Demonstrates and innovative and forward-looking approach
- Has business and financial acumen
- Has previous national or international Board service

Three Strongest Competencies - please explain

Three Competencies with Room for Development – please explain

Describe situations when you made a challenging professional or organisational decision(s). In so describing, please include an explanation(s) of your decision-making skills and the basis for the outcome(s).

Please list some specific examples (a minimum of two).

Please give an example of how you prioritise competing goals in your professional life.

Please share any other information you feel is important for consideration of your application to serve as an IBLCE Board member, including any previous professional or volunteer board service.

Please answer if you are applying as Public or Consumer Member:

The public or consumer member should **NOT** be any of the following:

A current or previous member of the profession, occupation, role, or specialty area encompassed by the certification programme. ☐ **YES** ☐ **NO**

A supervisor, manager, direct co-worker, or an employee or subordinate of individuals in the profession encompassed by the certification programme**.** ☐ **YES** ☐ **NO**

An employee of an individual certified by the certification programme or of an employer of individuals in the profession encompassed by the certification programme. ☐ **YES** ☐ **NO**

A person who currently receives or within the last five years has received income from the profession encompassed by the certification programme. ☐ **YES** ☐ **NO**

Please indicate any past professional or volunteer advocacy experience.

Describe how your experience as a consumer of the certificants' skills or services could bring perspective to the decision-making of the certification program and could help balance the certification program's role in protecting the public while advancing the interests of the certificants.

_____ _____

Signature **Date**