IBLCE CONFLICT OF INTEREST DISCLOSURE FORM

I recognize that I owe fiduciary duties of care and loyalty to IBLCE and that one aspect of fulfilling those duties is to avoid conflicts of interest and the appearance of conflicts.

Therefore, I am disclosing below all relevant and material facts and situations or areas in which it might even appear that I have conflicting duties to other entities. I understand that possible conflicts of interest are to be construed broadly and liberally and I am to include any activity that might be relevant.

I invite any further review by IBLCE of any aspects of these situations or areas that might be considered appropriate.

Also, if it is deemed appropriate, I will take other steps, such as avoiding part or all of the deliberation and voting on certain issues, or if in serious and actual conflicts, voluntarily withdraw, if deemed appropriate by IBLCE, in its sole opinion. Additionally, I will disclose to IBLCE immediately any changes in my affiliations or activities or actual or potential conflicts of interest and I understand that this is an important part of my volunteer responsibility.

I recognize that, through its policies, IBLCE has incorporated the guidance of the World Health Organization's (WHO's) *International Code of Marketing of Breast-Milk Substitutes* and subsequent resolutions, specifically Resolution WHA 69.9, regarding evidence based guidelines designed to protect breastfeeding and end inappropriate promotion of foods for infants and young children, in the following manner:

> To minimise conflicts of interest, receipt of any compensation, collaboration or contribution from interests that deal with infant and young child competing with breastfeeding (or their affiliated foundations/organisations/companies) should be avoided or at the very minimum, if any such COI occurs, it should be fully disclosed by the IBCLC when providing services or speaking/teaching/writing/conducting research. Anyone publishing, planning a conference or event, or doing research should require such disclosures and encourage their colleagues to divest from such conflicts.

THIS DISCLOSURE RELATES TO THE TIME PERIOD EXTENDING FROM:

June 2026 — September 30, 2026

Name:

My Relationship to IBLCE is (check all that apply):

- ☐ Board of Director
- ☐ Committee Member (if not a Director)
- ☐ Staff Member
- ☐ Independent Contractor with the regions
- ☐ Public Member
- ☑ Other, specify: BOD Applicant

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

1. Are you or any of your affiliated persons a member of any organisations with similar interests as IBLCE?

   YES ☐ **NO** ☐

   If yes, please list them here, including your/their position/role and identify any such person(s) and their relationship to you:

2. Do you or any of your affiliated persons have a financial interest that may be affected financially (either positively or adversely), directly or indirectly, not including compensation, as the result of IBLCE procedures, policies, resolutions, purchases of supplies), other IBLCE action, or deliberate inaction by IBLCE?

   YES ☐ **NO** ☐

   If yes, please describe all such financial interest(s), and identify the person(s) who hold them and their relationship to you:

3. Do you or any of your affiliated persons have a professional interest that may be affected professionally (either positively or adversely), directly or indirectly, as the result of IBLCE procedures, policies, resolutions, purchases (of services, materials, or supplies), other IBLCE action, or deliberate inaction by IBLCE?

   YES ☐ **NO** ☐

   If yes, please describe all such professional interest(s) and identify the person(s) who hold them and their relationship to you:

4. Are you or any of your affiliated persons engaging in any activities pursuant to Pathways 1, 2 or 3 leading to the IBCLC (this includes lactation presentations, mentorship, clinical supervision, teaching lactation classes/courses preparing candidates for the IBCLC examination or speaking at lactation conferences)?

   YES ☐ **NO** ☐

   If yes, please describe the lactation presentation, mentorship, clinical supervision, lactation classes/courses/conferences and identify the person(s) teaching them and their relationship to you:

5. Are you or any of your affiliated persons writing/developing any lactation educational materials (such as class materials, courses or examination preparation materials of any form) including those purporting to prepare persons to successfully pass the IBCLC certification examination or process?

   YES ☐ **NO** ☐

   If yes, please describe all such material(s) and identify the person(s) writing or developing them and their relationship to you:

6. Are you or any of your affiliated persons a party to or have an interest in any pending legal proceedings involving IBLCE?

   YES ☐ **NO** ☐

   If yes, please describe all such proceeding(s) and identify the person(s) involved and their relationship to you:

7. Are you or any of your affiliated persons aware of any potential conflicts of interest in the next 12 months?

YES ☐ **NO** ☐

If yes, please describe the future potential conflict(s) and identify the person(s) involved and their relationship to you:

8. Are you aware of any other events, transactions, arrangements, or other situations that you believe ought to be disclosed to the Audit Committee in accordance with the terms and intent of the IBLCE Conflict of Interest Policy?

YES ☐ **NO** ☐

If yes, please describe all such situation(s) and identify the person(s) involved and their relationship to you:

9. Are you or any of your affiliated persons aware of any potential conflicts of interest relating to IBLCE's policy relating to guidance of the World Health Organization's (WHO's) *International Code of Marketing of Breast-Milk Substitutes* and subsequent resolutions, specifically Resolution WHA 69.9, regarding ending inappropriate promotion of foods for infants and young children?

YES ☐ **NO** ☐

If yes, please describe all such situation(s) and describe the potential conflict(s) as well as any person(s) involved and their relationship to you:

Additional section for Public Members Only:

If you are completing this form as a PUBLIC MEMBER, please also complete the following Questions 1-4:

1. Are you a current or previous member of the lactation profession?

YES ☐ **NO** ☐

If yes, please describe.

2. Are you a supervisor, manager, direct co-worker, or an employee or direct report of individuals in the lactation profession?

YES ☐ **NO** ☐

If yes, please describe.

3. Are you an employee of an individual certified by IBLCE or an employer of individuals in the lactation profession?

YES ☐ **NO** ☐

If yes, please describe.

4. Are you a person who currently receives or within the last five years has received income from the lactation profession?

YES ☐ **NO** ☐

If yes, please describe.

I HERBY CONFIRM that I have read and understand the IBLCE Conflict of Interest Policy and that my responses to the above questions are complete and accurate to the best of my knowledge and belief.

I understand and agree that it is my responsibility to promptly inform IBLCE of any change that develops in the information contained in the foregoing statement.

Signature:

Date: