

What are your future plans?

Individuals who attend this training will use this knowledge in their work to increase breastfeeding initiation and duration. In one paragraph, summarize your client population, and how this CLC certification will benefit your work and community.

Agreement and Signature

By submitting this application, I understand that if I am accepted for this training, I will use these skills to further the support of breastfeeding in Nebraska and participate in the quarterly evaluations.

Name (printed)

Signature

Date

Our Policy

It is the policy of DHHS to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in increasing breastfeeding among women in Nebraska.

Return the Completed Application, Baseline Assessment, and Academy of Lactation Policy & Practice Permission to Release Form by mail, email, or fax to:

Jackie Moline, BSN, RN, CLC
Maternal / Infant Health
301 Centennial Mall South
P.O. Box 95026
Lincoln, NE 68509

Email: jackie.moline@nebraska.gov

Fax: 402-471-7049

Application Deadline: ~~June 1, 2015~~ June 5, 2015

