



# Lactation Consultant

HALL OF EXCELLENCE

medela

Acknowledge the hard work of a colleague in Medela's 2008-2009 Lactation Consultant Hall of Excellence. To nominate a colleague, please make sure the lactation consultant meets the criteria below, fill out the form, including a Letter of Nomination and a Letter of Support. (Letter criteria is listed below.) Submit your online nomination via email to

If you have questions about the program or how to complete the nomination form, contact Medela at 800.435.8316 ext. 607 or

## Award and Recognition

The Lactation Consultant Hall of Excellence inductees will receive a \$5,000 grant to fund research, continue education or donate to the charity of their choice.

## Program Timeline

- Nominee submission forms must be emailed by 11:59 pm CDT on December 15, 2008.
- Inductees will be notified in June 2009

## Criteria

Nominees must satisfy all of the following:

- Be a practicing US-based IBCLC
- Be recognized by a peer for an outstanding contribution to the lactation consultant profession in a Letter of Nomination. (Details in checklist)
- Be acknowledged by a past or present client for their role as an exceptional lactation consultant in a Letter of Support. (Details in checklist)
- Must be an independent lactation consultant professional without paid affiliation to breastfeeding product or formula manufacturer.

Finalists will be contacted via phone or email later this year and asked to provide a testimonial for final consideration by judges.

## Nominee Industry Categories:

- Hospital well baby maternity wards and/or private outpatient practices
- Neonatal intensive care units
- WIC representatives

## Nominator

Those who nominate a lactation consultant must satisfy all of the following:

- Be a US-based health care professional.
- Complete the nomination form and include a Letter of Nomination and a Letter of Support.

**Submissions must be emailed by 11:59 pm CDT on December 15, 2008.**

*Failure to satisfy all criteria for nominee and nominator will result in disqualification.*



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## Nomination Form

**Submission Deadline: 11:59 pm CDT, December 15, 2008. Email this form to**

### Nominator's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Nominee's Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

IBCLC Certification Number: \_\_\_\_\_

### Short-form Questions

1. List all professional organization(s) with which the nominee is affiliated. Include the nominee's role/title.

2. When was the lactation consultant certified?

3. List nominee's other professional qualifications/credentials. Please include year certified/graduated.

4. Has the nominee founded or been an integral driver in developing programs/community outreach efforts directly related to breastfeeding / lactation? If so, list name, program description, dates founded/involved. (One sentence per program.)

5. List nominee participation in any volunteer programs. Include nominee's role and level of commitment/hours per week involved.

6. Has the nominee's work been published on topics directly related to breastfeeding / lactation? If so, list the article topic, year published and publication in which it appeared.

7. Has the nominee engaged in professional lactation/breastfeeding research? If so, list what and when. Please note only research directly related to lactation / breastfeeding will be considered.

8. Is the nominee an active speaker or presenter at events directly related to breastfeeding / lactation within the healthcare community? If so, please list up to three examples, including most recent dates.

### **Submission Checklist**

1. Letter of Nomination (to be completed by nominator)

Describe why you feel your nominee is deserving of the Lactation Consultant Hall of Excellence Award in 350 words or less on a single, 8 1/2" x 11" page. This description may be used in award announcement communications so please ensure that the description is accurate and thorough. Include your name and the nominee's name in the top right corner of the page.

In your letter, highlight how the nominee:

- Exemplifies the ideals of a lactation consultant.
- Serves as a role model for other lactation consultants.
- Is seen as a leader in the community of lactation.
- Positively influences the lives of breastfeeding mothers.

2. Letter of Support (to be completed by client)

Describe in 350 words or less on a single, 8 1/2" x 11" page, how the nominated lactation consultant went above and beyond to change your life for the better. This description may be used in award announcement communications so please ensure that the description is accurate and thorough. Include your name and the nominee's name in the top right corner of the page.

### **Directions for Submission:**

- Save your nomination form to your desktop.
- To submit form you can do one of the following:
  - Email and attach nomination form, letter of nomination and letter of support to or
  - Fax your nomination form, letter of nomination and letter of support to 815.759.2563.

If you have any questions or concerns, please contact Tracy Fees at 800.435.8316 Ext. 217 or email at