



# CERPs Provider Application Form For Groups

Name of organisation that is providing the program, as will be shown on the certificates of attendance	
Name of program	
Date/s of program [for groups: specify 12 month period]	Location of program [for groups: usual meeting place]
Name of the designated contact person	Address of contact person
Phone	Email Address
<b>CONTACT DETAILS FOR WEBSITE LISTING ONLY:</b> Programs approved for CERPs will be listed at <a href="http://www.iblce.edu.au">http://www.iblce.edu.au</a>	
Name of contact person for inquiries about registration. For program not accepting external registrations write "internal program".	
Phone number and/or email address of contact person for inquiries about registration.	
Website address for link to information about the program. Must be direct to a webpage with the program information, not just to the organisation's website	

**CERPs Provider Fee Schedule from 1 January 2009**  
**Max of 16 CERPs for Groups for 12 month period**  
Australia, Hong Kong, Malaysia

Level	Program hours to be assessed	AUD
1	Up to and including 4 hours	44.00
2	Up to and including 8 hours	77.00
3	Up to and including 16 hours	120.00

**Credit Card** fee of \$ \_\_\_\_\_ VISA  MASTERCARD

EXPIRY DATE \_\_\_\_ / \_\_\_\_

Card holders signature \_\_\_\_\_ Print card holders name \_\_\_\_\_

**Direct Deposit** 
**Account Name:** IBLCE  
**BSB:** 037010  
 Date Deposit \_\_\_\_\_ **Account Number:** 115740

<b>Office Use Only</b>	
Date received _____	CERPs allocated _____ L; _____ E; _____ R Approval No. _____
Amount paid _____	Receipt No. _____ Date notified _____



**SIGNED STATEMENT**

As the provider, we wish to apply for CERPs to be allocated to some or all sessions of the attached program [for groups: and we will provide the required information after each meeting].

The program is intended as professional education for IBCLCs and/or other health professionals or breastfeeding counsellors.

We agree that IBLCE may list this program on its website and include registration contact details if appropriate.

We agree too provide the following within **one month** of completion of the session, with the IBLCE Approval number on each document:

- A post-program report which includes the total number of participants, the total number who received a CERPs certificate (may be the same number) and a short summary report on the program evaluation.
- A typed list of names and IBLCE ID number (where possible) stating the number and type of CERPs for each participant.
- A final sample copy of the Certificate of Attendance (CERPs certificate).

We agree to keep the original CERPs sign-in sheet and/or other original verification of attendance for 6 years.

We declare that, to the best of our knowledge, no part of the program is organised by individuals or companies that manufacture, market or distribute products within the scope of the WHO International Code of Marketing of Breast-milk Substitutes (e.g. infant formula, bottles or teats); nor will any such company or company personnel have input into the choice of presenters or topics, or into the content of any presentation.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name and position in the organisation: \_\_\_\_\_

**SPEAKER COMPETING INTEREST DISCLOSURE SUMMARY**

**To be completed by program Provider. Must include all speakers. Attach additional paper if necessary.**

The following speakers have been contacted and have indicated that they have no actual or potential declarations in relation to their presentation/s.

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The following speakers have been contacted and have declared affiliations that could be perceived as having an actual or potential competing interest in relation to their presentation/s. A copy of their signed disclosure statements is attached. (Attach a completed Individual Declaration of Competing Interest for each of the speakers listed below and indicate how the attendees will be notified e.g. verbally or written).

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name and position in the organisation: \_\_\_\_\_



The following checklist is to be completed and appropriate documentation included with the application

	YES	N/A
1. Completion of application form pages 1—2		
2. Ensure Statement and Disclosure Summary is signed		
3. Payment included with application		
4. Enclose appropriate documentation		
a). The program schedule and date/s		
The schedule should include: <ul style="list-style-type: none"> <li>• the session titles</li> <li>• presenter/s</li> <li>• session start/finish times.</li> </ul> groups: enclose details of how often and how long you plan to meet, and the planned program if available or as much as you know at time of application		
b). Speakers qualifications if not a IBCLC (except for group programs)		
c). Brief sessions/s content outline or abstract		
d). Potential competing interest (as per previous page)		
5. Copy of attendance certificate (if available)		

**Send your application and enclosures to:**

**IBLCE  
 PO BOX 1533  
 OXFENFORD QLD 4201**

phone (07) 5529 8811  
 fax (07) 5529 8922  
 email [iblce@iblce.edu.au](mailto:iblce@iblce.edu.au)



**SPEAKER'S INDIVIDUAL DECLARATION OF COMPETING INTEREST**

*This form does not have to be submitted to IBLCE for those speakers who have been contacted by the program provider and they have indicated that they have no actual or potential competing interests. It is to be used **ONLY** if there is an actual or potential competing interest*

When a program is to be evaluated for CERPs from IBLCE, a copy of this form must be completed by each speaker who has one or more affiliations\* that could be perceived as having an actual or potential competing interest in relation to their presentation/s.

Any relevant information provided on this Declaration must be disclosed to the program audience in written conference materials or an announcement from the podium.

It is the policy of the IBLCE to make best efforts to insure balance, independence, objectivity, and scientific rigor in all programs which qualify for IBLCE Continuing Education Recognition Points (CERPs).

Consequently, all persons participating in any program for which IBLCE CERPs are awarded are expected to disclose to the program audience any real or apparent competing interests or affiliations that may have a bearing on the subject matter of their presentation.

Relevant affiliations include, but are not limited to:

- manufacturers or marketers of infant artificial feeding products;
- pharmaceutical companies;
- manufacturers or marketers of biomedical devices, including any devices intended to be used during breastfeeding/lactation;
- any other persons or entities related to the subject matter of the presentation topic or the general topic of the program as a whole.

The intent of this policy is not to prevent a speaker from making a presentation. It is merely intended that any potential competing interest shall be identified openly so that participants may form their own judgments about the presentation with the full disclosure of pertinent facts. The participants will determine whether the speaker's competing interests may reflect a possible bias in either the exposition or the conclusions presented.

**CERP Provider: please complete this information and then forward the form to each relevant speaker**

Provider: \_\_\_\_\_ Program: \_\_\_\_\_ Date: \_\_\_\_\_

**SPEAKER'S INDIVIDUAL DECLARATION OF COMPETING INTEREST**

**SPEAKER: Please complete the form below and return it promptly to the program provider.**

Name of Speaker: \_\_\_\_\_ Presentation/s: \_\_\_\_\_

Please tick one box:

- I have no actual or potential competing interests or affiliations in relation to my presentation/s on this program.
- I have an affiliation with one or more persons or entities that could be perceived as having a bearing on my presentation

List all relevant past and present affiliations below:

<u>Type of affiliation*</u>	<u>Name of person or entity (e.g. company)</u>

please attach additional pages if necessary

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Speaker \_\_\_\_\_

\*Possible types of affiliations include: grant/research support; receipt of honoraria, travel, or other benefits; acting as a consultant / independent contractor, employee, officer or director, or having a financial interest; participation as part of a speaker's bureau or being a regular contributor to a publication; having a close friend or family member who is an officer, director, employee, or who has a financial interest; and any other financial or material support.



# IBLCE CERPs ATTENDANCE LIST

Session Title	Session Date	Approval No: C
Program Provider	Location	

NAME (please print!)	SIGNATURE	IF AN IBCLC: IBLCE ID NUMBER (if known)	NUMBER AND TYPE OF CERPs AWARDED
1			
2			
3			
4			
5			
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