



Name of provider (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
CONTACT DETAILS FOR WEBSITE LISTING ONLY: Do you want this programs to be listed at http://www.iblce.edu.au/CERPs_Programs.htm ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
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.	

SINGAPORE—SPECIAL NOTE

As an introductory offer for Singapore all CERP applications from Singapore will be free for 2009 & 2010 .

Application Check List

Please complete the following tasks before sending in your application

1. Complete the application form and declarations page 1 and 2
2. Ensure Statement and Disclosure Summary is signed
3. Enclose appropriate documentation such as:
 - The schedule which should include the date of the program/session the session titles , presenter/s and session start/finish times.
 - The draft certificate of attendance.
4. Sessions/s content outline (this only needs to be brief one paragraph is adequate)
5. Potential competing interest (this is to be completed **only** if the speaker has a potential conflict)

Send your completed application to IBLCE Country Coordinator

Cynthia Pang
Postal address: 100 Bukit Timah Road. Singapore 229899
Or email: Singapore@iblce.edu.au

Office Use Only

Date received _____ CERPs allocated _____ L; _____ E; _____ R Approval No. _____ Date notified _____



SPEAKER COMPETING INTEREST DISCLOSURE SUMMARY

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.

If indicated on page one of this application form, we agree that IBLCE may list this program on its website and include registration contact details.

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

- 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).

These documents are to be emailed to admin@iblce.edu.au within 1 month of the program.

We agree to keep the original CERPs sign-in sheet and/or other original verification of attendance for 3 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.

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).

Signed: _____ Date: _____

Print your name and position in the organisation: _____



SPEAKER'S INDIVIDUAL DECLARATION OF 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. 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.

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.
 Jan 09



IBLCE CERPs ATTENDANCE LIST

Program Providers may chose to use this form as a sign-in list for IBCLCs and others receiving CERPs.

Session Title	Session Date	Approval No: C
Program Provider	Location	

NAME (please print!)	SIGNATURE	IF AN IBCLC: IBLCE ID NUMBER (if known)
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