



BREASTFEEDING SUPPORT GROUP OBSERVATION

This form should be used to document breastfeeding support group meetings attended for continuing education. These meetings must be led by a lactation professional (IBCLC, CLE®, CLC, or LLL). One meeting hour equals one contact hour. You may use a maximum of three hours for recertification. **Please use a separate form for each meeting attended.**

Please print clearly.

APPLICANT NAME		
SIGNATURE OF INSTRUCTOR		
DATE OF EVENT	HOURS OF EVENT	LOCATION OF EVENT

Print more copies as needed to properly document event(s).

Briefly describe the topics covered (you may use this space or attach a printed document):