



arkansas breastfeeding coalition

PO Box 251592, Little Rock, AR 72225 • www.arbfc.org

Lucy Towbin MSW LCSW
Executive Chair
lucy.towbin@arkansas.gov

Pamela Royal RN IBCLC
Vice-Chair

Suzie Branton RN CLC IBCLC
Secretary

Shannon Autrey MS RD LD IBCLC
Treasurer
shannon.autrey@arkansas.gov

2016 IBCLC Certification Examination Fee \$200 Reimbursement Application

Name: _____

Address: _____

Phone: _____

E-mail: _____

Verify the below statements are true by initialing beside each.

___ I am an Arkansas resident.

___ I have registered for the 2016 IBCLC Certification Exam.

___ This is my first time to sit for the IBCLC exam.

___ My work/volunteer role includes the promotion & support of breastfeeding.

___ I am receiving no other assistance from any source for the examination fee.

___ I will provide proof that I passed the exam to the Arkansas Breastfeeding Coalition within 2 weeks of receipt of exam results.

Please provide a brief paragraph stating your involvement with breastfeeding support and promotion and how this scholarship would benefit you.

Signature

Date

Return completed application to:

Arkansas Breastfeeding Coalition
PO Box 251592
Little Rock, AR 72225

**Must be postmarked by
March 31, 2016 for the April exam and
September 30, 2016 for the October exam.**

For more information, please utilize the
"Contact Us" form on our website.

www.arbfc.org