



IBLCE[®]
*International Board of
Lactation Consultant Examiners*

IBCLC CERTIFICATION VERIFICATION AUTHORIZATION

I, _____, _____ authorize the release of
Name of IBCLC IBCLC ID Number

information of my first year of certification and current expiration date to:

Monica Miller
Name
Licensing Supervisor
Title
New Mexico Board of Nursing
Organization
MONICA.MILLER2@STATE.NM.US
Email Address

Signature of IBCLC

Date

Please email or fax completed form to the appropriate regional office:

IBLCE in the Americas & Israel	iblce@iblce.org	
IBLCE in Europe, Middle East & North Africa	eume@iblce.org	Fax +43 2252 20 64 87
IBLCE in Asia-Pacific & Africa	apa@iblce.org	Fax +61 7 5529 8922

The only information IBLCE will release in regards to the IBCLC is their first year of certification and expiration date. Please note that the verification process may take up to two weeks. Incomplete applications will NOT be processed.

This is the only document that IBLCE needs to respond to your request. Please do not include any other personal documents of the candidate.