



**IBLCE**<sup>®</sup>

*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:

\_\_\_\_\_  
Licensing Department  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
New Mexico Board of Nursing  
Organization

\_\_\_\_\_  
bon.licensing@state.nm.us  
Email Address (Please type or print clearly)

\_\_\_\_\_  
Signature of IBCLC

\_\_\_\_\_  
Date

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

IBLCE in the Americas & Israel	<a href="mailto:iblce@iblce.org">iblce@iblce.org</a>	No fax available
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**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.**