

Self-Assessment Questionnaire Form
Spanish for Breastfeeding Support
Hale Publishing

Name: _____
Credentials: _____ Date of birth: _____
Address: _____
City: _____ State: _____ Postal Code: _____
Country: _____ Phone: _____
Email: _____

Lactation Consultant—year certified _____
Are you currently employed in a setting related to lactation? Yes No
How many years have you worked with breastfeeding families? _____
What is the highest educational level you have achieved?
 High School Diploma Undergraduate Degree Master's Degree
 Doctorate Degree

To receive L-CERPs, please submit the following:

1. This form (if submitting for multiple chapters complete form only once)
2. Answer sheet for each chapter completed
3. Self-directed evaluation for each chapter completed
4. Payment (see below)

The cost to receive continuing education credit for this chapter is \$20 per chapter.

Number of chapters completed: _____ Number of CERPs requested: _____

Method of Payment:

Check Check number: _____

Credit Card: Visa Master Card

Credit Card Number: _____

Expiration date: _____ Authorized signature: _____

Return this form, the answer sheet(s), evaluation form(s) and check (if paying by check) to:

Hale Publishing
1712 Forest Street
Amarillo, TX 79106