



LACTATION CLINICAL INTERNSHIP PROGRAM APPLICATION

Print in ink or type all information below:

Name: _____ Date of Birth: _____
(Last) (First) (Middle/Maiden Name) (Month/Day/Year)

Home Phone: _____ Hospital Extension or Work Number: _____

Cell Phone: _____ Email Address: _____

Name you prefer to be called: _____ County of Residence: _____

Mailing Address: _____
(Number and Street Address) (City) (State) (Zip)

GENDER	ETHNIC GROUP/RACE	
<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Hispanic of any race <hr/> For non-Hispanic only: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Two or more races

1. Are you a U.S. Citizen? (If no, you must present a valid I-551 or Permanent Resident Card) Yes No
 2. Are you an employee of CMC-NE or one of its affiliate OR a CCHS student? Yes No
 3. Are you a high school graduate? Yes No
 4. Have you requested three (3) letters of reference to be sent to the Cabarrus College of Health Sciences – attn.: **Continuing Education**? Yes No
 5. Have you submitted documentation of a comprehensive lactation management course of at least 45 hours? Yes No
 6. Have you submitted documentation of current and inactive healthcare credentials? Yes No
 7. Have you submitted the required essay? Yes No
 8. Have you ever been arrested, charged with or convicted of a criminal offense (either civilian or military) other than a minor traffic violation? Yes No
 9. Are you now under pending investigation or charges of violation of criminal law? Yes No
 10. Have you ever been the subject of any adverse action(s) by any duly authorized sanctioning or disciplinary agency for either conduct based or performance based actions? Yes No
- If yes, are any criminal charges pending against you at this time?** Yes No
Please attach an explanation describing the circumstances and current status of any arrests, charges or convictions.

Certain misdemeanors and/or felonies may make a participant ineligible for professional certification/licensure.

REFUND POLICY

The \$50 program application fee is NON-REFUNDABLE.
 If you withdraw from the program on or before of the first scheduled day, we will send a full refund of tuition (less the \$200 tuition deposit).
 If you withdraw prior to completing 10% of the program, refunds will be 90% of tuition beyond the \$200 deposit.
 If you withdraw prior to completing 50% of the program, refunds will be 50% of tuition beyond the \$200 deposit.
 After completion of 50% of the program, interns are not eligible for a refund.
I have read and understand the refund policy printed above

Signature: _____ Date: _____