

# RECERTIFICATION GUIDE

*For individuals recertifying as an International Board Certified Lactation Consultant®*

As an International Organisation, IBLCE® uses British English in its publications.

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## I. What is IBLCE and the IBCLC Commission?

IBLCE<sup>®</sup>, or the International Board of Lactation Consultant Examiners<sup>®</sup>, is an independent international credentialing body whose mission is to serve the global public interest by advancing professional practice in lactation consultation and support through credentialing.

### A. Contact Information

IBCLC Commission

International Board of Lactation Consultant Examiners (IBLCE)

Phone: +1 703-560-7330

[www.iblce.org](http://www.iblce.org)

IBLCE has customer service in several locations. Certificants may reach the location that serves their country of residence by using the contact information found on the IBLCE website.

The Commission provides additional resources regarding applying for the IBCLC certification and the examination administration on [its website](#). Please check this website regularly as you prepare to either apply for recertification or plan to sit the IBCLC examination.

### B. The IBCLC Commission

The [IBCLC Commission](#) is the governing body administering the International Board Certified Lactation Consultant<sup>®</sup> (IBCLC<sup>®</sup>) certification programme and has authority and responsibility for all essential certification activities, including certification and recertification requirements.

### C. Key Dates

Please visit the [IBCLC Commission website](#) for application deadlines and other important key dates.

## II. Purpose and Methods of Recertification

Purpose: The purpose of the IBCLC recertification programme is to promote continued competence through professional development and lifelong learning. It is recognised that the skills and knowledge acquired before, and examined at, initial certification do not necessarily relate to the knowledge of the person to practise in the field in the years to come, especially if

the skills and knowledge are not regularly updated to incorporate new insights and practices.

IBCLCs can recertify by continuing education recognition points (CERPs) with self-assessment or by examination every five years. The purpose of the self-assessment is to prioritise the learning of the certificant. The certificant is required to choose CERPs that are within the areas of relative weakness within the domains of the *IBCLC Detailed Content Outline*, as identified by the self-assessment. The purpose of the examination is to promote continuing competence as well, also in line with the current, and periodically updated, [IBCLC Detailed Content Outline](#).

Both options are provided and important given the IBCLC programme's global nature.

**Timeframe and Rationale:** Once initially certified, a certificant typically holds the IBCLC credential for five years.

Within a five-year period, significant development in available information and management options will have occurred, and it is considered that the certificant's knowledge base will not remain current if further educational opportunities are not undertaken. The Commission therefore requires all certificants to recertify every five years.

The five-year interval for recertification was chosen given the rate of change in the field.

**Methods:** At the five year recertification mark, a certificant may choose to recertify by examination or to recertify by CERPs with the completion of the Continuing Education Self-Assessment and focused continuing education. If a certificant elects to recertify by CERPs at the five-year interval, IBLCE requires that 75 CERPs be earned, of which a minimum of 5 must pertain to professional ethics and a minimum of 50 must pertain specifically to human lactation and breastfeeding and the provision of care to breastfeeding families. The remaining CERPs (20) may be on any topic related to the field of lactation consulting because some of the disciplines on the *IBCLC Detailed Content Outline* are neither lactation nor ethics specific. For more information regarding recertifying by CERPs with CE Self-Assessment, see Section V of this guide, "[Applying for Recertification by CERPs with CE Self-Assessment](#)".

Irrespective of the method of recertification at the five-year interval, certificants must complete basic life support education and training on the WHO Code in this time frame, complete 250 hours of practice in lactation consulting, reaffirm adherence to the [Code of Professional Conduct for International Board Certified Lactation Consultants](#), and report any professional licensing/registration actions and/or professional disciplinary actions. The Commission believes this reaffirmation is important and reminds certificants of their ethical obligations.

In order to maintain certification, IBCLCs not taking the examination must obtain continuing education that has been recognised for Continuing Education Recognition Points (CERPs) OR

equivalent through individual CERPs.

Education recognised for CERPs may be provided by an individual or organisation through seminars, conferences, workshops, independent study modules, distance learning, or other educational means.

Education eligible for CERPs must cover subjects found on the [IBCLC Detailed Content Outline](#).

A CERP is the continuing education credit unit assigned to 60 minutes of education that meets the professional education needs of practising IBCLCs. CERP credit is given to three types of continuing education:

- Education that is specifically about human lactation and breastfeeding is recognised with L-CERPs (L=Lactation).
- Education about professional ethics and conduct is recognised with E-CERPs (E=Ethics).
- Education that is related to the practice of IBCLCs, but is neither lactation nor ethics specific, is recognised with R-CERPs (R=Related).

For IBCLCs recertifying by either examination or by CERPs with the CE Self-Assessment, IBLCE requires the following in each five-year recertification cycle:

- 250 hours of practice in lactation consulting (full- or part-time) in the area(s) of education, administration, research, clinical practice, or advocacy. These hours may be earned as volunteer or paid hours, or a combination of both. In accordance with the [IBLCE Advisory Opinion on Telehealth](#), these practice hours may be completed remotely. Clinical skills are an important area of the *IBCLC Detailed Content Outline*, and these skills are best maintained through active practice. [The Lactation Specific Clinical Practice Calculator](#) can assist with calculating these hours and can be submitted in the case of audit.
- Basic life support education. Examples of education that meets this are Cardiopulmonary Resuscitation (CPR) and Neonatal Resuscitation Program (NRP). As healthcare professionals conducting in-person care, it is important to maintain basic life support education for the client and patient safety. Certificants selected for audit will be asked to submit their card or certificate as proof of basic life support education. The basic life support education requirement for recertification can be at any point within the five-year recertification cycle, and basic life support credentials do not need to be active at the time of recertification. A didactic basic life support course will be sufficient to meet the requirement. Note: if recertifying by CERPs, then these education hours are counted as part of the total 75 hours required.

- Two (2) hours of WHO Code Training. Beginning with IBCLCs due to recertify in 2025, all IBCLCs who are recertifying must complete two (2) hours of education focused on the WHO Code. Note: if recertifying by CERPs, then these two hours are counted as part of the five (5) required E-CERPs.

The IBCLC certification programme offers a voluntary credential, and that certification does not necessarily confer the right or privilege to practise. Individuals who hold the IBCLC credential must abide by the legal authority in the jurisdiction in which they practise or wish to practise.

IBCLCs can recertify early by one year if taking the examination. If a certificant chooses to recertify one year early, then the expiration date is set to five years out from the passed examination (e.g., if a candidate is due to recertify in 2026, but passes an examination in 2025, then the next expiration date will be 2030 and not 2031). If the certificant does not pass the examination, then they no longer hold the credential. A certificant cannot elect to recertify by CERPs one year prior to their expiration date.

Please note: as shared in previous IBLCE Briefings, IBLCE continues to work to update its policies and procedures to strengthen its commitment to the aims of the *International Code of Marketing of Breast-milk Substitutes* (WHO Code) and subsequent World Health Assembly (WHA) resolutions.

IBLCE has to date implemented a policy for mandatory WHO Code training for the IBLCE Board and Staff, as well as an education requirement for both initial certification and recertifying IBCLCs. Please refer to future IBLCE Briefings and updates to this guide for more information.

## **A. IBCLC Failed Examination Policy**

The IBCLC examination is offered twice a year. If a current IBCLC does not pass an examination, certification will be revoked once results are disseminated. Candidates can take a second examination in accordance with the IBCLC Retest Policy and will regain the certification if the examination is passed, but certification will not cover the time period between failing the examination and passing the re-take examination. If an IBCLC does not pass the March/April examination, the IBCLC certification will expire on June 30 of that year. If a certificant does not pass the September examination, the IBCLC certification will expire on December 31 of that year.

IBCLCs who fail the recertification examination are not eligible for Inactive Status.

### III. Important Publications

Recertifying IBCLC certificants should be familiar with the following publications, all of which can be found on the IBCLC Commission website.

- [IBCLC Detailed Content Outline](#)
- [Clinical Competencies for the Practice of International Board Certified Lactation Consultants \(IBCLCs\)](#)
- [Scope of Practice for International Board Certified Lactation Consultants \(IBCLC\) Certificants](#)
- [Disciplinary Procedures](#)
- [Appeals Policies](#) (in the *Candidate Information Guide* and *Recertification Guide*) and *Forms*
- [Code of Professional Conduct for International Board Certified Lactation Consultants](#)

### IV. Applying for Recertification by Examination

#### A. Complete an Online Application

The online recertification application is available in the same languages in which the examination is offered. Visit the website and locate the language listed below in the IBCLC Examination Overview section.

*IBLCE is incorporated in the United States and therefore the IBCLC certification programme is subject to the US Department of Treasury's Office of Foreign Assets Control (OFAC) regulations and guidance. In the instance that an individual indicates that their citizenship or residence or address is in a geographic area subject to these US regulations, the online credential management system will hold access to the account until specific information is verified by staff. This may differ depending on OFAC communications regarding the country or geographic area of focus.*

*Please note that OFAC regulations are highly dynamic and subject to change.*

*This does not affect access to the CE Self Assessment, digital certificates or other online systems that do not involve payment.*

#### B. Fees and Payments

Complete information about the fees and payment options can be found in the [IBCLC Programme Fee Guide](#).

## C. IBCLC Examination Overview

The examination consists of 175 multiple choice questions. Each question has only one correct answer, and there is no penalty for a wrong answer. It is to your advantage to answer all questions. The examination is given in two parts, and most questions in Part Two are associated with an image. The standard IBCLC examination is four hours, which includes a ten (10) minute break between Part One and Part Two. Once you have completed Part One of the examination and started your scheduled break, you cannot return to any questions in Part One. Thirty extra minutes of time are allocated for test takers who attest that the examination is not offered in their primary language. The IBCLC examination consists of content related to the knowledge domains described in the [IBCLC Detailed Content Outline](#).

The April IBCLC examination is offered in English only, and the September IBCLC examination is offered in the 10 most frequently administered examination languages:

- Chinese Traditional
- Danish
- English
- French
- German
- Italian
- Japanese
- Korean
- Portuguese
- Spanish

Additional information on other examination languages can be found in the [Translation of the IBCLC Examination into a Language Policy](#) and the related FAQs on the [IBCLC Commission website](#).

Pursuant to the [policy](#) linked above, the IBCLC Commission plans to introduce the IBCLC examination in the **Arabic** language, with the goal of advancing the professional practice in lactation consultation among Arabic-speaking professionals. Arabic is spoken by over 400 million people worldwide and is one of the official languages of the World Health Organization.

This additional language is currently planned for the examination administration taking place the latter half of **2027**. Please see the IBCLC Commission website for additional information.

### Scaled Scoring for IBCLC Examination

Commencing with the April 2026 IBCLC examination administration, the IBCLC Commission is reporting IBCLC candidates' examination results using the scaled scoring

system. Scaled scoring is a certification practice which serves to provide greater clarity regarding examination scores among examination administrations over time. Please refer to the [FAQs](#) on the IBCLC Commission website for more information.

## **D. Examination Sites**

IBLCE offers computer-based testing (CBT) for the examination worldwide. The use of Live Remote Proctoring (LRP) has been approved for IBCLC examination administrations moving forward. Currently, LRP is offered only in English, French, and Spanish (the March/April examination is available only in English). Please reference the [IBCLC Commission website](#) for information and updates regarding current testing modalities. In countries where CBT centres are not geographically available, a pop-up CBT testing location may be offered.

**Please note: Pop-up sites can only be requested for underserved regions where a minimum number of candidates plan to sit the IBCLC examination during any given administration.**

If you live in an area where you believe there may be adequate candidate demand for a Pop-up Site, please contact the [region that serves you](#) so we can coordinate with candidates in the area to determine if we will meet the minimum volume required by the testing vendor for a Pop-up Site.

Test centre locations can be viewed prior to applying for an examination, but please know that IBLCE's available test centre list changes periodically. Test centre availability will be most accurate at the time that you apply and go to schedule the examination appointment. You will receive an Examination Authorisation email when you are able to schedule an appointment. Scheduling as soon as you receive this notice can assist you with finding the test centre of your choice.

## **E. Examination Security and Incident Review Protocols**

The IBCLC examination is offered in secure testing environments in order to maintain the integrity of the examination and the IBCLC certification programme. IBLCE examination administrations follow security and confidentiality protocols.

Incidents during examination administrations, and after the examinations, are reviewed to follow up as needed to determine the nature of the incident and to seek resolution as applicable.

## **F. Reasonable Accommodations**

The IBCLC programme works with candidates to provide reasonable accommodations during the examination administration for medical conditions and disabilities. The IBCLC examination application form asks the candidate whether they seek reasonable accommodation for the examination, or whether or not a personal medical item may be needed during the

examination. IBCLC programme staff works with candidates to provide reasonable accommodations for medical conditions and disabilities in accordance with applicable law.

To allow sufficient time for making reasonable accommodations, candidates must notify the IBCLC programme of their requests at the time they apply for the examination. If an issue arises after submitting the examination application, candidates should report the request as soon as possible. IBCLC programme staff will reach out to the candidate for the necessary documentation. **Candidates are asked to please return documentation within 10 business days.** Providing this documentation promptly will give IBLCE and its third-party testing vendor sufficient time to process requests and, if approved, provide the greatest flexibility when scheduling appointments. Candidates who do not return required documentation in a timely fashion are not guaranteed a testing date with the requested accommodation. Third-party documentation provided by the candidate must directly link the requested reasonable accommodation(s) to the verified health condition(s).

## **G. Special Note for Pregnant Candidates**

Candidates who experience health issues that may affect their ability to take the examination must notify IBCLC programme staff as soon as possible.

## **H. Breast/Chestfeeding During Examination Administration**

The International Board of Lactation Consultant Examiners (IBLCE) and the IBCLC Commission are devoted to lactation care. Therefore, it is appropriate to provide the opportunity for examination candidates who are breast/chestfeeding to breast/chestfeed or express milk during the IBCLC examination while at the same time maintaining examination security. It is necessary that these allowances meet all the requirements for ensuring IBLCE examination security while at the same time offering reasonable solutions that will allow test takers to breast/chestfeed or express milk during the examination appointment. Therefore, a break will be permitted for breast/chestfeeding or expressing milk after the first part of the examination, but no additional examination seat time for testing will be permitted.

Additionally, all examination candidates, inclusive of those breast/chestfeeding or expressing milk, may not return to the first part of the examination after its completion.

IBCLCs requesting a breast/chestfeeding break during the examination should read the [\*Procedures for Breast/Chestfeeding During Examination Administration\*](#) for more information. These procedures can be found on the website.

## **I. Non-Primary Language**

The IBCLC examination is translated into multiple languages (see [page 9](#)). For candidates or certificants whose primary language, as attested to on the IBCLC application, is not among those into which the IBCLC examination is translated, the candidate will be provided extra examination time of 30 minutes (15 additional minutes in Part One and 15 additional minutes in Part Two).

## **J. Notification of Examination Eligibility**

Applicants who successfully meet all requirements will be notified by email of their eligibility to take the examination. This Authorisation Email will include information about examination centre locations and examination day procedures. Applicants who do not meet the examination requirements will be notified by email and will be eligible for a partial refund of examination fees paid.

## **K. Examination Withdrawal/Cancellation**

If a candidate must withdraw from the IBCLC examination for which they had applied and were accepted, and/or cancel their appointment to take the IBCLC examination, the candidate **MUST** notify IBCLC programme staff in writing by the posted deadlines to be eligible for a partial refund. Written notification of withdrawal/cancellation may be sent by mail, e-mail, or fax and must be *received* by IBCLC programme staff no later than these deadlines for a candidate to be eligible for a partial refund of the examination fees paid.

After the posted deadlines, no partial refunds will be given to candidates who withdraw from/cancel the IBCLC examination. Current IBCLCs should carefully consider the consequences of withdrawing/cancelling their examination appointments/plans. Failure to recertify or receive a deferral due to extraordinary circumstances will result in loss of certification on December 31.

Only documented extraordinary circumstances will be accepted as reasons for consideration to request for fees paid to be deferred. If the deferral of fees and extension of certification is granted, the IBCLC must either successfully pass the IBCLC examination within the following year to maintain certification OR the IBCLC would also have the option to recertify by CERPs, with the completion of the self-assessment and focused continuing education. Note that any CERPs provided as part of the deferral and extension request count toward the 75 hours for the CERPs requirements for full recertification in the extension year. If granted, the extension does not extend the next five-year cycle for certification; the IBCLC will still be expected to recertify in the original five-year cycle meeting current recertification requirements. Review the [IBCLC Examination Withdrawal/Cancellation Policy](#) on the website for further details.

## **L. Examination Rescheduling Policy**

Examination candidates who must reschedule their appointments may do so by the posted deadlines on the IBCLC Commission website. After these dates, candidates will not be allowed to reschedule their appointments. Only under extraordinary circumstances will examination candidates rescheduling be considered. The IBCLC programme must be notified if an appointment needs to be rescheduled after these dates. Such decisions on rescheduling are determined solely within our discretion.

Once you have successfully rescheduled your appointment, you will receive a rescheduling confirmation email. Failure to show up to your testing centre will result in loss of examination fees. **Examination candidates can only be rescheduled for the examination for which they have been accepted.**

## **M. Examination Admissions Procedures and Candidate Conduct**

To gain admission to the examination, candidates must present TWO (2) forms of identification. The primary ID must be a valid, unexpired government-issued identification that includes the candidate's **name, current photograph, and signature,\*** and the secondary ID must have either their name and signature or name and current photograph.

The **FIRST** form of identification **MUST** be one of the following government-issued IDs:

- driver's license
- international/national/regional/local identification card
- passport
- military identification card (not permitted for Live Remote Proctoring\*\*)
- green card, permanent residence card, or visa

The **SECOND** form of identification **MUST** display the candidate's name and signature or name and current photograph. Acceptable forms of secondary ID include but are not limited to:

- credit card (not permitted for Live Remote Proctoring\*\*)
- social security card (not permitted for Live Remote Proctoring\*\*)
- employment/student ID card
- professional license
- health insurance cards

\*If your primary government-issued identification contains your photograph but not your signature, your second form of identification (e.g., an employee ID card or credit card) must contain your signature to supplement your photo-bearing, government-issue ID.

\*\* LRP is offered only in English, French, and Spanish at this time. Only IDs in English will

be accepted for LRP examinations in English. For LRP examinations in another available language, IDs in English or the language of the examination will be accepted. Digital IDs are not permitted.

**Please Note:** Candidates who do not have these two forms of identification must contact IBCLC programme staff prior to examination day to learn of their options.

The names on the IDs must match and must be the same name as on file in the IBLCE credentialing management system. If you have to update or make changes to your name, you **MUST** contact IBCLC programme staff with these changes. Updates/changes can be made by posted deadlines prior to your scheduled examination appointment; however, the IDs must match at the time of examination check-in. Name discrepancies will be reported by the testing centre to the IBCLC programme.

Candidates should allow adequate time for arrival at the examination site. Candidates are encouraged to arrive at the test centre 30 minutes prior to the scheduled appointment. This should give candidates adequate time to complete the necessary sign-in procedures.

Candidates who arrive more than 30 minutes late for their appointment will be refused admission and examination fees will be forfeited. Likewise, candidates who fail to register at the examination site on the day of the examination will forfeit all rights to any refund of examination fees. Failure to make an appointment by the posted deadlines will result in the forfeiture of the examination fees paid.

Each examination site will be supervised and monitored by one or more test centre administrators/Examination Proctors. Candidates are expected to follow the rules announced by the test centre administrators/Examination Proctors. The rules are in place to ensure that the examination administration is as free as possible from distractions and that all candidates are treated fairly. During the examination administration, test centre administrators/Examination Proctors will be monitoring the room to facilitate a secure examination administration.

Candidates may not leave the test centre during the examination administration or breaks. Leaving the test centre will result in an immediate dismissal from the examination.

Candidates will be required to store all personal items in a location designated by the test centre administrator/Examination Proctor. No personal items may be taken into the testing location. Candidates will not be allowed to use their mobile/cell phones or electronic devices during the examination or during any breaks that they take during the examination administration. Candidates found in possession of and/or using such devices during the examination or during breaks will be dismissed and their examinations will not be scored. Candidates who bring their cell phones or other electronic devices to the examination site must power them off (putting them on silent/mute is not sufficient) and store them in the place

designated by the test centre administrator/Examination Proctor. [Please note: Neither the test centre administrators/Examination Proctors nor IBLCE are responsible for candidates' personal property.]

Talking to another examination candidate is not permitted during the examination. Questions regarding the examination administration will be answered by the test centre administrator/ Examination Proctor during orientation. Questions concerning the examination content are not permitted. Test centre administrators/Examination Proctors are not allowed to provide interpretation or clarification of examination questions. Cheating will not be tolerated and, if discovered, will result in a candidate's scores being cancelled or their certification being revoked in accordance with policies and procedures and/or legal action against the candidate, including criminal prosecution.

Additionally, candidates may not discuss any examination questions after the examination with anyone, even those who also took the examination, as indicated in the *Confidentiality Policy* located in this Guide.

**Please note:** candidates will be asked to agree to Test Centre Regulations upon arrival to the test centre. If a candidate does not comply with these regulations, then they may be dismissed from the examination with forfeiture of the examination fees paid, including invalidation of the test score and/or pursuit of civil or criminal charges.

Failure to show up to your testing centre will result in loss of examination fee. Failure to schedule an appointment by the posted deadlines will result in forfeiture of the examination fees.

## N. Examination Results Notification

Official examination results and score reports will be provided to candidates online approximately three months following the examination. Candidates who pass the examination will also receive their IBCLC certificate after scores are made available online. For examination security reasons, individual questions are not made available following the examination.

## O. Policy on Requesting a Hand Score

If taken as a paper and pencil examination, scoring of the IBCLC examination is based on optical scanning of candidates' answer sheets. For computer-based testing, the candidate's response is electronically evaluated against the answer key provided. Candidates who believe that their examinations were not scored correctly may request hand verification of their answer sheets or a re-scoring of their computer-based testing responses.

**All hand score requests must be submitted within 30 days following the date that the examination results were disseminated.** The Hand Score Request Form can be accessed from the website. **There is a fee associated with a Hand Score Request.** This fee will be refunded if it is determined that the candidate's examination was scored incorrectly.

## **P. Policy for Appealing an Examination Outcome**

Appeals of adverse certification decisions from examination candidates will be reviewed. An adverse decision may be appealed for the following reasons: (1) alleged inappropriate examination administration procedures, or (2) environmental testing conditions severe enough to cause a major disruption of the examination process and/or other irregularities. Appeals regarding the following will NOT be accepted: (1) the determination of the passing score, (2) the examination or individual test items, or (3) test content validity. Any examination outcome appeal should be as specific as possible, detailing the basis of the appeal.

The [Examination Outcome Appeals Form](#) should be submitted to initiate this request. **All Examination Outcome Appeals must be submitted within 30 days following the date that the examination results were disseminated.**

In evaluating an appeal, the executed appeal form and supporting documentation filed with the appeal as well as additional relevant information are considered. ***In signing the appeals form, the candidate acknowledges that the decision of the IBCLC Appeals Committee is final.***

A favourable appeal results ONLY in the deferral of the examination fees to a future examination arranged with adequate future notice.

## **Q. Examination Retest Policy**

In an effort to position candidates for future success on the IBCLC examination, and after a careful review of feedback from IBCLCs and stakeholders, the IBCLC Commission has recently refined the retest policy for candidates sitting the IBCLC examination. **Effective beginning with applications for the April 2026 administration, the retest policy for candidates who do not pass the IBCLC examination is as follows:**

**An unsuccessful candidate can retest up to three times.**

**After a fourth failed attempt, the candidate must earn 35 hours of additional lactation education and provide proof of the education before sitting the examination again.**

**After a fifth failed attempt, the candidate must wait a minimum of two years before sitting the examination again. The candidate can apply again as an initial candidate, having to meet all requirements in place at the time of application.**

**Once a candidate has passed the examination and earned the IBCLC, any previous failed attempts are no longer taken into account.**

Applicants who plan to retest the examination should carefully review their examination score report and consider completing education in those areas of the examination in which their performance was poor. To be eligible to take the examination again, a candidate must meet current eligibility requirements, submit an application for the applicable examination, and pay the relevant examination fee. The rationale for the retesting policy is that candidates are encouraged to affirmatively address areas of deficiency prior to retaking the examination.

Prior attempts will count towards the totals allowed by the policy at the time it goes into effect.

If a candidate fails the IBCLC examination, then they are eligible to receive a 50% discounted examination retest fee for the next examination attempt or up to two years following the first time they do not pass. Both initial and recertification examination candidates are eligible for the discounted rate.

## **V. Applying for Recertification by CERPs with the Continuing Education Self-Assessment (CE Self-Assessment)**

Complete information about the cost and deadlines can be found on the website. Please note all requirements for recertification must be met at the time of application for recertification.

### **A. Complete the CE Self-Assessment**

The CE Self-Assessment is available in all 17 recertification by CERPs languages:

- Chinese
- French
- Japanese
- Traditional
- German
- Korean
- Croatian
- Greek
- Polish
- Danish
- Hungarian
- Portuguese
- Dutch
- Indonesian
- Slovenian
- English
- Italian
- Spanish

Continuing education, now guided by the CE Self-Assessment, helps IBCLCs demonstrate the comprehensive knowledge and skills required to practise as an IBCLC. IBCLCs are required to take the CE Self-Assessment to identify their competencies based upon the current [IBCLC Detailed Content Outline](#). Using the Personalised Professional Development Plan generated by the CE Self-Assessment, IBCLCs are then required to complete 75 CERPs.

The CE Self-Assessment is designed to encourage self-reflection by using a "Blended

Approach" to continuing education. This balances the commitment to maintain competency - and continuously evolve to align with professional standards in the topics outlined in the *IBCLC Detailed Content Outline* - while also allowing IBCLCs the flexibility to select continuing education more specific to their career path, practice setting, or interest areas.

The CE Self-Assessment is a free, remote, computer-based assessment with approximately 70 multiple-choice questions taken to create a Personalised Professional Development Plan. **It must be taken in one 120-minute (2-hour) time block.** You cannot begin the assessment, save your progress, and return at a later date. The CE Self-Assessment can only be taken once during a five-year recertification cycle.

Upon completion of the CE Self-Assessment, you will receive immediate feedback in the form of a Personalised Professional Development Plan. This plan will show you the topic areas of the *IBCLC Detailed Content Outline* where you need to focus your continuing education.

IBCLCs are required to earn a minimum number of CERPs based on the results of their Personalised Professional Development Plan (PPDP):

- If you have **one or more required topic areas** identified in the PPDP, you are required to **earn a minimum of five (5) CERPs in each of those topic areas\***, **OR**
- If you have **no required topic areas** identified in the PPDP, you can earn CERPs based on your career path, practice setting, or interest areas in alignment with the *Detailed Content Outline (DCO)*.

\*CERPs required based on the results of one's PPDP **count towards** the 75 CERPs required for recertification.

## **B. Complete an Online Application**

The online recertification application is available in all 17 recertification by CERPs languages. Visit the website and locate your language.

## **C. Dates for Earning CERPs for the Purpose of Recertification by CERPs Policy**

Education for the purposes of recertification by CERPs must be obtained after initial certification or recertification as an IBCLC. Only education obtained after notification of earning IBCLC certification or recertification can be used to recertify by CERPs.

## **D. Categories and Required Number of CERPs**

Education eligible for CERPs must cover subjects found on the [IBCLC Detailed Content Outline](#). Three (3) different categories of CERPs are assigned to continuing education:

- L-CERPs are for education that is specifically about human lactation and breastfeeding and the provision of care to breastfeeding families.
- E-CERPs are for education that is about professional ethics, conduct, and standards for health professionals.
- R-CERPs are an optional category that covers education that is in any way related to the practice of lactation consulting.

In order to recertify by CERPs, IBCLC certificants must obtain at least 75 CERPs in the intervening five years since they last passed the examination or their last renewal by CERPs. These 75 CERPs **MUST** meet the following minimum requirements:

- At least 50 L-CERPs and
- At least 5 E-CERPs and
- At least 2 hours of WHO Code Education (included in the 5 total E-CERPs) and
- Basic Life Support Education (recognised as 3 R-CERPs) and
- At least 17 additional CERPs, which may be L-, E-, and/or R-CERPs

Additionally, IBCLCs are required to earn a minimum number of CERPs based on the results of their Personalised Professional Development Plan (PPDP):

- If you have **one or more required topic areas** identified in the PPDP, you are required to **earn a minimum of five (5) CERPs in each of those topic areas, OR**

If you have **no required topic areas** identified in the PPDP, you can earn CERPs based on your career path, practice setting, or interest areas in alignment with the *Detailed Content Outline (DCO)*.

CERPs can be earned through applicable educational activities that are either recognised for CERPs through the CERP Provider Programme or from non-CERP Provider Programme recognised activities. If CERPs have already been awarded to the education, the certificate of completion will show the CERPs Registry number and the type and number of CERPs awarded.

The following are examples of each category of CERPs, as well as information about what type of education does not count toward CERPs:

Examples of appropriate L-CERPs topics include:

- Breast anatomy in relation to lactation
- Clinical skills for IBCLCs
- Clinical documentation for IBCLCs

- Influence of culture on breastfeeding
- The Ten Steps to Successful Breastfeeding
- Breastfeeding management
- Breastfeeding research
- Nutrition during lactation

Examples of appropriate E-CERPs topics include:

- Practice ethics for lactation consultants
- Informed consent
- Health workers and the *International Code of Marketing of Breast-milk Substitutes* (the WHO Code)
- Conflict of interest
- Knowing your limits; when to refer
- Human rights and infant feeding choice
- Dealing with a colleague whose practice is not based on scientific principles and up-to-date information
- Copyright and intellectual property

Examples of appropriate R-CERPs topics include:

- General anatomy
- Infant growth and development
- Research methods and statistics
- Cultural differences in health practices
- Cardio-pulmonary resuscitation (CPR)
- Postpartum depression
- Counselling or communications skills
- Adult education principles
- Family dynamics
- Infant Massage Practices
- Nutrition (if not lactation-specific)
- Complementary therapies (overview sessions only)

Educational programmes based on topics not included on the *IBCLC Detailed Content Outline* are not eligible for CERPs. Examples of topics that will not be recognised for CERPs include:

- Computer skills
- Business management
- Bra fitting (unless specifically related to lactation)
- Motivational sessions
- Instructional programmes on complementary therapies
- Specialised health care skills (e.g. foetal monitoring)

In addition, CERPs will **not** be recognised for the following types of education:

- clinical work as a lactation consultant
- antenatal or postnatal classes for mothers
- private study, including reading journals and watching videos
- sponsored by companies whose products fall within the scope of the *International Code of Marketing of Breast-milk Substitutes* (e.g. infant formula, bottles and teats)

## E. Individual CERPs

The [Individual CERPs Guide](#) can help you earn L-, E-, or R-CERPs for the following activities. This guide can be found on the website.

- Primary author or co-author of an article/abstract/chapter in a refereed journal or edited book
- Completion of a master's thesis or doctoral dissertation
- Poster presentation
- Development of a video for professionals
- Primary author or co-author for an original hospital protocol or policy
- Clinical observation
- Attendance at an educational offering where the topic was human lactation and breastfeeding
- Presenting an educational offering
- Volunteer service
- Pathway 3 mentorship
- Pathway 2 clinical preceptor hours

If the content is relevant to the practice of an IBCLC, the educational activity will be awarded L-, E-, or R-CERPs, depending upon the subject matter.

Over a five-year period, IBCLCs may earn up to a total of 6 R-CERPs for completion of one or more of the following life support courses.

- CPR (Cardio-Pulmonary Resuscitation)
- NRP (Neonatal Resuscitation Program)
- PALS (Paediatric Advanced Life Support)
- ACLS (Advanced Cardiac Life Support)
- S.T.A.B.L.E (Sugar & safe care, Temperature, Airway, Blood pressure, Lab work, Emotional support)
- NLS (Newborn Life Support)
- EPALS (European Paediatric Advanced Life Support)

IBCLCs will receive 3 R-CERPs for each aforementioned course up to a maximum of 6 R-CERPs. IBCLCs who were an instructor for one of these courses will receive 6 R-CERPs for teaching the course.

## **F. Documentation of CERPs**

IBCLCs who are selected for audit during the recertification process must submit copies of their results of their CE Self-Assessment and certificates of completion for all CERPs within 10 business days of notification of audit. For the purposes of the recertification process, records are not maintained of participants in education programmes that have been awarded CERPs through the CERP Provider Programme. IBCLCs who have lost or misplaced their certificate of completion must contact the education provider.

## **G. Recertification Extension Request Policy**

Recertifying IBCLCs should carefully consider the consequences of not meeting the requirements for recertification, as failure to recertify will result in loss of certification. Only documented extraordinary circumstances will be accepted as reason to consider a request for an extension of certification to the next year. Review the [Recertification Extension Request Policy](#) on the website for further details.

# **VI. Confidentiality Policy**

## **A. Commitment to Confidentiality**

The IBCLC Commission in alignment with IBLCE policy is committed to protecting confidential and/or proprietary information related to applicants, candidates, certificants, the examination development process, and examination content. IBLCE and the IBCLC Commission will not disclose any confidential applicant, candidate, or certificant information unless authorised in writing by the individual or as required by law.

## **B. Examination Results**

Individual examination results are considered confidential. Examination scores are released only to the individual candidate unless a signed release is provided in advance. Results are not released by phone or fax. Personal information submitted by applicants, candidates, and certificants with an application for initial certification or recertification is considered confidential.

## **C. Application Status**

An individual's application status is considered confidential. The IBCLC programme does not disclose information regarding whether an individual has applied for certification or has taken the examination. Current certification status is published and verifiable as noted in the Credential Verification section of this policy.

## **D. Credential Verification**

The names of certified individuals are not considered confidential and may be published. Published information may include name, city, state, country, and certification status. An [online registry](#) of certificants is provided to the public. Employers may also receive written verification provided that the IBCLC programme has received a signed release from the certificant.

## **E. De-Identified Data**

The IBCLC programme will, upon approval by the IBLCE Research Committee, provide aggregated and de-identified data. The IBCLC programme reserves the right to use a combination of de-identified data. IBLCE may also disseminate approved surveys and questionnaire-type requests to its constituents to complete at their own will.

## **F. Examination Candidates**

Examination candidates are prohibited from transmitting information about IBCLC examination questions or content in any form to any person or entity at any time, either prior to, during, or following the examination, and failure to comply with this prohibition, or failure to report any information about suspected violations of such prohibitions or otherwise about any possible examination irregularities by themselves or others, may result in score cancellation or certification revocation in accordance with IBCLC programme policies and procedures and/or legal action against the candidate, including criminal prosecution.

## **G. Disciplinary Process Related to Code of Professional Conduct Complaints**

The disciplinary process related to **Code of Professional Conduct Complaints** is considered confidential. The investigation and determination of disciplinary matters and Code of Conduct Complaints should remain confidential from anyone not involved in the disciplinary process, except as required by law, or as necessary to conduct the disciplinary process.

## VII. Initial Candidate and Recertification Audit Policy

Initial, recertification, and reinstatement applications are audited. These audits are conducted on a standardised and randomised basis. If selected for such an audit, the applicant or certificant must furnish the complete, accurate information requested in a timely manner. Failure to do so may result in a delay or denial to sit for the IBCLC examination and/or initiation of disciplinary action pursuant to the [Code of Professional Conduct for International Board Certified Lactation Consultants](#) and/or suspension or revocation of the opportunity to reapply for certification.

In addition to the randomised and standardised audit process set forth above, the IBCLC Commission specifically further reserves the right to require any applicant or recertificant to provide proof of education, employment, coursework, or proof of any of the initial eligibility or recertification requirements in a timely manner and for such proof to be complete and accurate. Such failure to do so could also result in a delay or denial to sit for the IBCLC examination and/or initiation of disciplinary action pursuant to the *Code of Professional Conduct for International Board Certified Lactation Consultants* and/or suspension or revocation of the opportunity to reapply for certification.

## VIII. Policy for Appealing an Eligibility or Recertification Decision

Appeals of adverse certification eligibility or recertification decisions from IBCLC certificants and applicants will be reviewed. An adverse decision may be appealed for the following reasons: 1) Certification or recertification criteria were applied incorrectly or 2) a factual error impacted the underlying decision. A missed deadline may be appealed only due to substantiated and verified extraordinary circumstances. Certificants or applicants who wish to do so should submit the [Appeals Form](#). The requirements associated with this process are described below.

Extraordinary circumstances are exclusively serious illness or severe injury of the candidate/certificant or immediate family member, death of an immediate family member, experiencing unavoidable natural disaster, or changes related to active military duty.

Certificants or applicants who are determined to be ineligible to take the examination or ineligible to recertify by CERPs will be notified. ***All appeals must be submitted within 30 days of the date of the notification of ineligibility.***

Appeals are evaluated by the Appeals Committee, which considers the executed appeals form together with information submitted in support of the appeal. ***In signing the appeals form, the certificant or applicant acknowledges that the decision of the IBCLC Appeals Committee is***

*final.*

## **IX. Nondiscrimination Policy**

IBLCE does not and shall not discriminate on the basis of race, colour, religion, sect, gender, gender identity, sexual orientation, sex, ethnicity, age, national origin, ancestry, political persuasion, ability/disability, marital status, geographic location, or socioeconomic status in any of its activities or operations or any other basis prohibited by the laws of the United States of America or of the Commonwealth of Virginia. IBLCE is committed to providing an inclusive and welcoming environment for all members of the IBLCE community, as well as all seeking access to the IBLCE community.

## **X. IBCLC Trademark Use Policy**

The International Board of Lactation Consultant Examiners® (IBLCE®) owns certain names, trademarks, and logos, including the certification marks International Board Certified Lactation Consultant®, IBCLC®, and IBCLC Logo (the “Marks”). Only those individuals who have met the IBCLC eligibility requirements, passed the IBCLC examination, and maintained the IBCLC certification may use the Marks. Use of the Marks may only be made in accordance with the [IBCLC Trademark Use Policy](#) and its terms and conditions which can be found on the website.

## **XI. IBCLC Registry**

IBLCE reserves the right to publish the names of current IBCLCs. This registry can be found on the [IBCLC Commission website](#).

## **XII. Inactive Status**

IBCLCs who do not recertify in the year their credential expires will automatically transition to Inactive Status on January 1 the following year. Individuals are not certified as IBCLCs and are not permitted to use the designation IBCLC after their name or practise as an IBCLC while in Inactive Status.

**Candidates are able to reinstate by examination or by CERPs from Inactive Status.**

Inactive candidates reinstating by CE Self-Assessment and CERPs can use CERPs earned since their last recertification date or initial credential issued-on date.

To transition from Inactive Status back to Active status, candidates must:

- Reinstated by IBCLC examination or by CE Self-Assessment and CERPs, meeting all current recertification requirements, in the year they hold Inactive Status.
  - Candidates must apply during the regular application windows posted on the IBCLC Commission website
- Earn an additional 15 CERPs
- Pay an application fee

IBCLCs who do not pass the examination are not eligible for Inactive Status.

Please see the [IBCLC commission website](#) for further information.

### **XIII. Retired Status**

Retired Status is for active IBCLCs who intend to retire and no longer practise as an IBCLC. Dates for these applications are currently available on [the website](#).


Those who have achieved this status may use “IBCLC Retired” on a résumé, or below their name on a business card. However, it may not be listed directly following their name or signature (e.g., charting) as an active credential. The intention of this status is one of recognition and is for those who are no longer actively practising as an IBCLC and have no intention to return to practice.

### **XIV. 2026 Fee Schedule**

Please see the [IBCLC Programme Fee Guide](#) for more information.

## XV. IBCLC Detailed Content Outline

Effective 2023

 <b>International Board of Lactation Consultant Examiners® (IBLCE®)</b> <b>International Board Certified Lactation Consultant® (IBCLC®)</b> <b>Detailed Content Outline</b>	
<b>I. Development and Nutrition</b>	<b>32</b>
<b>A. Infant</b>	
<ol style="list-style-type: none"> <li>1. Feeding behaviours at different ages</li> <li>2. Food intolerances/allergies</li> <li>3. Infant anatomy and anatomical/oral challenges</li> <li>4. WHO guidelines for introducing complementary foods</li> <li>5. Low birth weight and very low birth weight</li> <li>6. Milk banking – formal and informal</li> <li>7. Normal infant behaviours</li> <li>8. Nutritional requirements – including preterm</li> <li>9. Preterm development, growth, and behaviours (including late preterm)</li> <li>10. Skin tone, muscle tone, reflexes</li> <li>11. Term development and growth</li> <li>12. WHO growth charts with gestational age adjustment</li> <li>13. Stooling and voiding</li> </ol>	
<b>B. Maternal</b>	
<ol style="list-style-type: none"> <li>1. Breast development and growth (typical and atypical)</li> <li>2. Breast surgery</li> <li>3. Composition of human milk</li> <li>4. Maternal anatomical challenges</li> <li>5. Maternal nutritional status</li> <li>6. Nipple structure and variations</li> <li>7. Nipple modifications (e.g., piercings, tattoos)</li> </ol>	
<b>II. Physiology and Endocrinology</b>	<b>14</b>
<b>A. Physiology of Lactation</b>	
<ol style="list-style-type: none"> <li>1. Relactation</li> <li>2. Infertility issues</li> <li>3. Inducing lactation</li> <li>4. Pregnancy and breastfeeding – tandem</li> <li>5. Multiples (e.g., twins, triplets)</li> </ol>	
<b>B. Endocrinology</b>	
<ol style="list-style-type: none"> <li>1. Hormonal influence of milk production</li> <li>2. Diabetes</li> <li>3. Maternal hormonal disorders (e.g., pituitary, thyroid, Polycystic Ovarian Syndrome)</li> <li>4. Maternal autoimmune disorders</li> <li>5. Newborn hypoglycemia</li> </ol>	




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<b>III. Pathology</b>	<b>35</b>
<b>A. Infant</b>	
<ol style="list-style-type: none"> <li>1. Ankyloglossia</li> <li>2. Cleft lip and palate</li> <li>3. Congenital anomalies (e.g., gastrointestinal, cardiac)</li> <li>4. Gastroesophageal Reflux Disease (GERD), reflux</li> <li>5. Hyperbilirubinemia</li> <li>6. Infant neurological disabilities</li> <li>7. Small for Gestational Age (SGA), Large for Gestational Age (LGA)</li> <li>8. Infant acute disease (e.g., infectious, cardiac, metabolic)</li> <li>9. Vertically transmitted infections (e.g., HIV, Hepatitis B)</li> <li>10. Esophageal atresia</li> <li>11. Inborn error of metabolism</li> <li>12. Infant cancer</li> <li>13. Infant GI anomalies</li> </ol>	
<b>B. Maternal</b>	
<ol style="list-style-type: none"> <li>1. Abscess</li> <li>2. Milk ejection reflex dysfunction</li> <li>3. Maternal acute disease (e.g., infectious, cardiac, metabolic)</li> <li>4. Maternal chronic disease</li> <li>5. Maternal disability (physical and neurological)</li> <li>6. Mastitis</li> <li>7. Milk supply, low or over</li> <li>8. Nipple and breast conditions</li> <li>9. Nipple pain and trauma</li> <li>10. Post-partum hemorrhage</li> <li>11. Pre-eclampsia / pregnancy induced hypertension</li> <li>12. Maternal cancer</li> </ol>	
<b>IV. Pharmacology and Toxicology</b>	<b>14</b>
<ol style="list-style-type: none"> <li>A. Alcohol</li> <li>B. Nicotine and tobacco</li> <li>C. Cannabis</li> <li>D. Medications (e.g., prescriptions, over-the-counter, diagnostic and therapeutic procedures, aids to labor and delivery)</li> <li>E. Drugs of abuse</li> <li>F. Contraception</li> <li>G. Galactagogues</li> <li>H. Gel dressings/nipple creams</li> <li>I. Herbs and supplements</li> <li>J. Chemotherapy/radiation therapy/radioactive scans</li> </ol>	



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<b>V. Psychology, Sociology, and Anthropology</b>	<b>20</b>
<ul style="list-style-type: none"> <li>A. Transition to parenthood</li> <li>B. Birth practices</li> <li>C. Foods to eat/avoid that influence lactation</li> <li>D. Employment – beginning or returning to work</li> <li>E. Family lifestyle</li> <li>F. Identifying support networks</li> <li>G. Maternal mental health</li> <li>H. Maternal psychological/cognitive issues</li> <li>I. Breastfeeding dyad relationship</li> <li>J. Safe sleep</li> <li>K. Weaning</li> <li>L. Cultural awareness</li> </ul>	
<b>VI. Techniques</b>	<b>25</b>
<ul style="list-style-type: none"> <li>A. Effective milk transfer (including medically-indicated supplementation)</li> <li>B. First hour</li> <li>C. Latching (attaching)</li> <li>D. Managing supply</li> <li>E. Milk expression (e.g., pumping, hand expression, leakage)</li> <li>F. Position of the breastfeeding dyad (hands-off)</li> <li>G. Refusal of breast, bottle</li> <li>H. Skin-to-skin (kangaroo care)</li> </ul>	
<b>VII. Clinical Skills</b>	<b>35</b>
<b>A. Equipment and Technology</b>	
<ul style="list-style-type: none"> <li>1. Feeding devices (e.g., tubes at breast, cups, syringes, teats, paladai)</li> <li>2. Handling and storage of human milk</li> <li>3. Nipple devices (e.g., shields, everters)</li> <li>4. Dummies (pacifiers)</li> <li>5. Pumps</li> <li>6. Scales (e.g., accuracy, precision, operation)</li> <li>7. Communication technology (e.g., virtual visits, translation or interpretation services, websites)</li> </ul>	
<b>B. Education and Communication</b>	
<ul style="list-style-type: none"> <li>1. Active listening</li> <li>2. Anticipatory guidance</li> <li>3. Care plan development and sharing</li> <li>4. Educating mothers and families</li> <li>5. Educating professionals, peers, and students</li> <li>6. Emotional support</li> <li>7. Empowerment</li> <li>8. Group support</li> </ul>	

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<b>VII. Clinical Skills (continued)</b>	
<b>C. Ethical and Legal Issues</b>	
<ol style="list-style-type: none"> <li>1. Breastfeeding in public</li> <li>2. Clinical competencies</li> <li>3. Code of Professional Conduct (CPC)</li> <li>4. Principles of confidentiality</li> <li>5. WHO code – advocacy and policy</li> </ol>	
<b>D. Research</b>	
<ol style="list-style-type: none"> <li>1. Apply evidence-based practice</li> <li>2. Interpret research results</li> <li>3. Use research to help develop policies and protocols</li> <li>4. Design research (including gaining ethical permission)</li> <li>5. Participate in surveys and data collection</li> </ol>	
<b>E. Public Health and Advocacy</b>	
<ol style="list-style-type: none"> <li>1. Advocate for Baby-Friendly Hospital Initiative (BFHI)</li> <li>2. Advocate for compliance with World Health Organization International Code of Marketing of Breast-milk Substitutes (WHO Code)</li> <li>3. Advocate for mother / infant in healthcare system</li> <li>4. Develop breastfeeding-related policies</li> <li>5. Advocate to government / health ministries</li> <li>6. Breastfeeding in emergency situations (e.g., natural disasters, personal emergencies)</li> </ol>	
<b>Total Number of Items on the Examination</b>	<b>175</b>

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<b>Secondary Classifications</b>	

As supported by the practice analysis results, examination items should generally relate to the key tasks associated with developing a care plan, which include:

	<b>Tasks</b>
<b>1</b>	Develop a plan
<b>2</b>	Document
<b>3</b>	Evaluate
<b>4</b>	Help mother determine goals
<b>5</b>	History taking
<b>6</b>	Work with other healthcare providers
<b>7</b>	Visual examination of the breastfeeding mother's nipple and breast
<b>8</b>	Visual examination of the breastfeeding infant's position and latch
<b>9</b>	Verbal communication with breastfeeding families

Except for those items addressing general principles, items are classified according to the chronological period, using the following guidelines:

	<b>Chronological Periods</b>
<b>1</b>	Prenatal - maternal
<b>2</b>	Labour - maternal / birth - perinatal
<b>3</b>	Prematurity (including late preterm)
<b>4</b>	0 - 2 days
<b>5</b>	3 - 14 days
<b>6</b>	15 – 28 days
<b>7</b>	1 - 3 months
<b>8</b>	4 - 6 months
<b>9</b>	7 - 12 months
<b>10</b>	Beyond 12 months
<b>11</b>	General principles (including preconception)

Specific targets are not provided for these secondary classifications, but all chronological periods appear on the examination.