

## Application to Host DSHS Breastfeeding Courses

Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Training Site Name \_\_\_\_\_

Training Site Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Room Name/Number \_\_\_\_\_ Room Capacity \_\_\_\_\_

1st choice month preference \_\_\_\_\_

2nd choice month preference \_\_\_\_\_

Host Year 20\_\_\_\_ Parking Cost \$\_\_\_\_\_ per day Parking Validated YES NO

I would like to apply to host:

- Breastfeeding Management (BFM) & Breastfeeding the Compromised Infant (BFCI)
- Principles of Lactation Management (POLM) & Lactation Counseling and Problem Solving (LCAPS)
- Physician Breastfeeding Course – email [Missy Hammer](mailto:Missy.Hammer@dshtx.gov) directly ([missy.hammer@dshtx.gov](mailto:missy.hammer@dshtx.gov))

Classes are scheduled for the calendar year in the predetermined cities listed below. If your specific city is not listed and is more than two hours from one of the cities listed, then you may request BFM/BFCI classes for the current calendar year at any time.

BFM/BFCI Guidelines		
Metro area of state	Trainings per Calendar Year	Minimum Attendance
Amarillo	2	25
Austin area	3	40
Corpus Christi	2	25
Dallas / Fort Worth	Up to 5	40
El Paso	2	25
Houston area	Up to 5	40
Lubbock	2	25
Midland/Odessa	1	25
San Antonio	3	40
Tyler/Longview	2	25
The Valley Harlingen/Edinburg/McAllen	4	25
All other cities	1-2	25

POLM/LCAPS Guidelines
Rotational Schedule
Central: Austin or San Antonio
East: Houston area
North: Dallas or Fort Worth
Northeast: Longview, Nacogdoches or Tyler
South: Corpus Christi, Laredo, or the Valley
West/NW: El Paso, Midland/Odessa, Amarillo/Lubbock
Other cities considered if facility meets requirements.

Application should be submitted no later than July 30<sup>th</sup> to be considered for the next calendar year.

**BFM/BFCI:** For cities NOT listed, submit at any time for classes in the current calendar year.

***I agree to the following:***

- I understand that submission of an application does not guarantee my facility will be chosen to host.
- I will advertise the training to local WIC agencies, area hospitals, birthing facilities and health-care providers well in advance that are within 2 hours driving distance from the training site.
- My facility meets the following requirements:
  - Seating
    - Classroom style (each seat has writing surface)
    - No obstacles preventing the participants from viewing the presentation or instructor
    - BFM/BFCI: no maximum, minimum is based on requirements listed above
    - POLM/LCAPS: 100+ for POLM, 50 for LCAPS
  - Adequate number of ladies' restrooms/stalls located close to training room
  - Private non-bathroom space with an electrical outlet that is free from intrusion for nursing mothers to express breastmilk (can be small office, lactation room, conference room, etc)
- I understand that classes may be cancelled at the discretion of the instructor and/or management in the event I do not supply the registration list by the deadline and/or the minimum requirements for registration are not met. (refer to chart for minimum requirements)
- I understand DSHS has the right to change venues if my facility will be undergoing construction that may interfere with the quality of the educational activity.
- I understand that if DSHS arrives to conduct the course and my facility does not meet the minimum requirements of space and/or attendance as described and agreed to above, consideration for hosting future courses will be impacted.

**Additional agreements for BFM/BFCI and Physician classes**

- I will provide a name and contact information for the person responsible for registration and allow this information to be posted to the DSHS website.
- I will contact all registrants via email and provide a confirmation with details on training location, parking (location and cost), classroom name or number and guidelines on bringing babies to class (see Responsibilities Sheet). I will keep a list of registrants and email it to the assigned instructor at least two weeks prior to the date of the training.
- I will not charge anything for the training. If food is provided, it will not be sponsored by a for-profit company due to a potential conflict of interest.

Printed Name of Requestor \_\_\_\_\_ Title \_\_\_\_\_

Signature of Requestor \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed application or questions to the WIC CE Coordinator by email to [WIC.CECoordinator@dshs.texas.gov](mailto:WIC.CECoordinator@dshs.texas.gov) or faxing to 512-341-4473.