

To maintain accreditation, Breastfeeding Counselors are required to:

- Demonstrate financial support for the organization by being up-to-date in annual membership dues
- Meet continuing education requirements
- Regularly report activities and helping contacts for the organization

We use this form to collect information on your activities and contacts as a Breastfeeding Counselor. Your information is very important and will help us give an accurate view of the impact of our work across the country.

We combine your information with that from the other Breastfeeding Counselors. We then summarize the activities and contacts across the whole organization and report this information to the members, the general public, and to other organizations. These reports help us demonstrate the effectiveness of Breastfeeding USA in delivering on the mission to provide evidence-based information and support to mothers, and to support breastfeeding as the biological and cultural norm.

***1. Breastfeeding Counselor name:**

first name:

last name:

***2. Please select the period (month) for which you are entering your activities.**

- ☐ July 2012
- ☐ August 2012
- ☐ September 2012
- ☐ October 2012
- ☐ November 2012
- ☐ December 2012

***3. During this reporting period, I provided information and support to the following number of individuals through personal contacts as a Breastfeeding USA Breastfeeding Counselor:**

via phone:

via e-mail:

via personal visit or video
chat:

4. Of the individuals counted above, how many of these did you help for the first time (a new Breastfeeding USA contact):

via phone:

via e-mail:

via personal visit or video
chat:

***5. During this reporting period, I also had casual contact discussing breastfeeding and/or Breastfeeding USA with the following (casual contacts would include personal encounters or online exchanges where you are providing breastfeeding or organizational information, but not in a helping situation):**

breastfeeding mothers:

pregnant women (not
included above):

health care professionals:

others:

***6. During this reporting period I participated in continuing education programs that earned me the following CERPs (Continuing Education Recognition Points):**

L-CERPs:

E-CERPs:

R-CERPs:

7. If you did participate in continuing education that earned CERPs, please provide details about the program (provider, program name, location, etc.):

***8. Are you working with a Breastfeeding USA Community Chapter?**

☐ Yes

☐ No

***9. Community Chapter name:**

- ☐ AZ-Metro Phoenix Chapter
- ☐ CA-Amador, Calaveras, Tuolumne Counties Chapter (Motherlode Moms)
- ☐ CT-Central Connecticut Chapter
- ☐ IL-DuPage County Chapter, Mother-to-Mother
- ☐ IL-Lake County Chapter, Baby and Me
- ☐ IN-Indy Breastfeeding Moms
- ☐ IA-Breastfeeding USA Eastern Iowa Chapter
- ☐ KY-Frankfort Chapter
- ☐ MD-Montgomery County Chapter
- ☐ NY-Capital Region (NY) Chapter
- ☐ NY-Staten Island NY Chapter
- ☐ NC-Lake Norman Chapter
- ☐ OH-Cinci Breastfeeding Moms
- ☐ OH-Cuyahoga West Chapter
- ☐ PA-Central Pennsylvania Chapter
- ☐ SC-Upcountry South Carolina Chapter
- ☐ TX-Central Houston Chapter
- ☐ VA-Charlottesville-Albemarle Chapter

10. During this reporting period, I led (and/or am reporting on) the following type(s) of information/support event sponsored by my Community Chapter (only one co-BC in a Community Chapter should report the Chapter's activities, to avoid double-counting participants):

- ☐ support group meeting:
- ☐ drop-in support activity:
- ☐ educational event (please describe):
- ☐ other event (please describe):

Educational or other event description:

11. The event(s) I led checked above were attended by the following numbers of individuals:

Breastfeeding Counselors:	<input type="text"/>
breastfeeding mothers:	<input type="text"/>
pregnant women (not included above):	<input type="text"/>
other adults:	<input type="text"/>
babies and children:	<input type="text"/>

12. Of the adult attendees counted above, how many of these were attending an event for the first time (a new Breastfeeding USA contact):

breastfeeding mothers:	<input type="text"/>
pregnant women (not included above):	<input type="text"/>

13. Please indicate the location(s) at which the event(s) above were held and share any thoughts/comments about the event(s) (if you held more than one event and want to break out the attendance, you may do so here):

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***14. Does your Community Chapter maintain a Facebook page/group or blog or does your Community Chapter host a facilitated discussion via YahooGroups or other chat forum?**

- ☐ Yes
- ☐ No

***15. Please select the level that best describes activity on your Community Chapter's Facebook page/group or blog:**

- ☐ Very active (I regularly post items of interest, the page or group has many Likes, the Wall is open to posts and discussion happens regularly)
- ☐ Somewhat active, with Wall open (I sometimes post items of interest, there's a good number of Likes, the Wall is open to posts and discussion happens occasionally)
- ☐ Somewhat active, with Wall closed (I sometimes post items of interest, there's a good number of Likes)
- ☐ Growing (I am posting to the page or group and building an audience, currently there are a few Likes)
- ☐ My Community Chapter doesn't have a Facebook page or group

***16. Please select the level that best describes activity on your Community Chapter's YahooGroup or other chat forum:**

- ☐ Very active (I regularly post items of interest and discussion happens regularly)
- ☐ Somewhat active (I sometimes post items of interest and discussion happens occasionally)
- ☐ Growing (I am posting and building an audience)
- ☐ My Community Chapter doesn't have a YahooGroup or other chat forum

17. Please share any thoughts/comments about your Community Chapter's Facebook page/group or blog and/or YahooGroup or other chat forum:

Thank you for reporting your activities and for all the work you do to support the mission of Breastfeeding USA.