

For Independent Study Modules (ISM) ONLY

ISMs must be pre-tested to determine how long it takes to complete the ISM and to detect and correct any problems with the ISM and/or ISM post-test (if applicable). Alternatively, if the ISM has been recognised by another professional organisation for continuing education credit this information may be used. Please provide the following information:

If tested, average amount of time needed to complete the ISM:

- Were any problems with the ISM and/or post-test identified?

Yes No

- If “Yes,” were the problems corrected before submitting the ISM for CERP recognition?

Yes No

Has this ISM been recognised by another organisation for professional continuing education credit?

Yes No

If yes, which organization: _____

How many credits were awarded? _____

How many **minutes** does **one** continuing education credit equal? _____

This form must be uploaded with initial online application.

Independent Study Module Review Form for Short-Term Providers

ISMs must be reviewed by 2 or more subject matter experts prior to pre-testing by a minimum of 5 IBCLCs to establish time allocation and test validity. Please note: If continuing education units from another organisation have been awarded this pre-testing process does not need to be completed.

Providers, please complete the following questions.

Name of ISM: _____

and Type of CERPs Assigned: _____

Date CERPs Assigned: _____

Has this ISM been awarded continuing education units by another organisation?

Yes

No

If "Yes," how many units? _____ **and**

How many minutes does each continuing education unit equal? _____

After, completing the above questions, please distribute copies of this form, if necessary, to document the information from the review and pre-testing processes.

Name of Reviewer: _____

Reviewer Email: _____

Please check the appropriate category:

IBCLC Reviewer

Subject matter expert reviewer

Were any problems discovered with the module?

Yes

No

Were the problems resolved?

Yes

No

How long, from start to finish, did it take for you to complete your review of the ISM? _____ minutes

Reviewer Signature: _____ **Date:** _____

Providers should retain this completed form. In the event IBLCE audits an ISM, this form will be required.