



PATHWAY 3 PLAN GUIDE

For the development and verification of Pathway 3 clinical mentorship plans

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

Updated May 9, 2020

This guide provides information about how to develop a Pathway 3 Plan. **It is not intended as a guide about how to apply for the International Board Certified Lactation Consultant® (IBCLC®) professional certification or examination.** For more information about applying for the certification and examination, please consult the [Candidate Information Guide](#).

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I. Introduction

The International Board of Lactation Consultant Examiners® (IBLCE®) is providing this updated guide at this time in order to respond to the needs of IBLCE stakeholders in light of the COVID-19 global pandemic. This update is intended to clarify and inform IBLCE stakeholders regarding the use of technology to meet the lactation specific clinical practise requirement pursuant to IBCLC Pathway 3 (Mentorship with an IBCLC) given the COVID-19 global pandemic.

II. Relevant Background

The International Board of Lactation Consultant Examiners (IBLCE) previously released an [Advisory Opinion on Telehealth](#) focusing on the provision of lactation consultant services to *consumers* in alignment with IBCLC guiding practise documents inclusive of the [Scope of Practice for International Board Certified Lactation Consultant® \(IBCLC®\) Certificants](#) (dissemination and effective date December 12, 2018), the [Code of Professional Conduct for IBCLCs](#) (effective November 1, 2011 and updated September 2015), and the [Clinical Competencies for the Practice of International Board Certified Lactation Consultants \(IBCLCs\)](#) (dissemination and effective date December 12, 2018).

III. Key Prefatory Notes

A. Adherence to IBLCE Advisory Opinion on Telehealth

Pathway 3 applicants and their mentors who desire to meet IBCLC clinical practise eligibility requirements through the use of technology must review and adhere to IBLCE's [Advisory Opinion on Telehealth](#).

That advisory opinion also makes clear that an IBCLC should particularly consider how one's provision of lactation consulting services via telehealth is in alignment with the key provisions of the aforementioned guiding practise documents inclusive of privacy, security, assessment, demonstration and evaluation of relevant techniques, provision of evidence-based information to clients, as well as appropriate collaboration with, or referral to, other healthcare providers. Particularly emphasised is

Principle 3.2 of the [*Code of Professional Conduct*](#) which requires advance written consent from the breastfeeding parent prior to photographing, recording, or taping (audio or video) that parent or the child.

The information provided in the *Advisory Opinion on Telehealth* also applies to clinical supervision by IBCLCs as well as those pursuing the IBCLC via Pathway 3¹ and is incorporated by reference into this document.

B. The Use of Technology in Clinical Supervision

Technology can be used in the context of clinical supervision and is particularly important due to public health considerations such as are currently being experienced worldwide, but also due to accessibility issues².

However, use of technology in the context of clinical supervision does require enhanced communication, additional planning, and a focus on technological and administrative details, as well as a sound grasp of the legal requirements in not just one, but two locations and thus possibly two jurisdictions. Key considerations include security, most particularly of technological platforms, privacy including sensitive health data as well as detailed informed consent. Those making use of technology in clinical supervision should also give careful consideration to the reliability of potential platforms. Basic to intermediate competency should be achieved by all parties using the platform prior to its utilisation. Moreover, considerable thought and planning should be devoted to assuring that the clinical supervision is designed to create a realistic clinical experience.

Those seeking to leverage technology to provide clinical supervision, if not already experienced in this type of supervision, should pursue training or independent study in this approach to knowledgably and competently provide effective clinical supervision similar to that which would be offered in person. There are a number of peer-reviewed resources in this regard, including some specifically related to telelactation.

¹ IBLCE is not responsible for the individual educational, practise, professional, or contractual terms or situations of any IBCLC, including but not limited to any legal or other terms of any business relationship between any aspiring IBCLC and one's educational institution or clinical supervisor. Individual IBCLCs and applicants are fully responsible for all actions and decisions, whether legal, health, or financial related, and neither IBLCE nor its officers, directors, employees, subject matter experts or other agents are responsible or liable for any loss or damage caused by such acts or decisions. All determinations as to eligibility, candidacy, and certification made by IBLCE shall be based on applicable terms, conditions, and requirements as stated by IBLCE in published materials and on the IBLCE website in accordance with applicable IBLCE policies and procedures.

² As previously noted, over the next several months, IBLCE will be conducting a more comprehensive review of the use of technology with respect to the IBCLC's eligibility requirements, due to a host of issues inclusive of public health and accessibility.

C. Pathway 3 Requirements

It is important to note that this document does not *substantively* change IBLCE's existing clinical practise eligibility requirements with respect to Pathway 3 but simply provides information on *how* IBLCE's Pathway 3 clinical eligibility requirements can be met by leveraging technology.

D. Relationship of This Updated *Pathway 3 Plan Guide* to the IBCLC *Candidate Information Guide* (updated September 2019)

It is critical to note that due to the exigent circumstances associated with the current global pandemic, it is not feasible for IBLCE to quickly edit and translate the entirety of the IBCLC [Candidate Information Guide](#) nor the website into sixteen languages so as to align with this document. Therefore, this *Pathway 3 Plan Guide* should be read in conjunction with the *Candidate Information Guide* and to the extent information contained in the *Candidate Information Guide* conflicts, or is silent, with the guidance contained in this document, this *Pathway 3 Plan Guide* shall govern.

IV. What is IBLCE?

IBLCE, or the International Board of Lactation Consultant Examiners, is the independent international certification body conferring the International Board Certified Lactation Consultant (IBCLC) credential.

A. Contact Information

International Board of Lactation Consultant Examiners (IBLCE)
10301 Democracy Lane, Suite 400
Fairfax, Virginia 22030
Phone: 703-560-7330
www.iblce.org

IBLCE has locations in Austria, Australia and the United States. You may reach the IBLCE location that serves your country of residence by using the contact information found on the IBLCE [website](#).

V. Purpose of this Guide

The Pathway 3 eligibility pathway is distinguished from the other IBLCE examination eligibility pathways by requiring the applicant to complete a clinical practise mentorship under the direct supervision of IBCLCs who serve as mentors. Individuals who would like to follow Pathway 3 **must first submit a plan to IBLCE** specifying how they will complete the required *directly supervised* clinical practise hours in lactation and breastfeeding care.

Before the directly supervised clinical practise mentorship begins, IBLCE must verify the certification status of the IBCLCs who will serve as mentors. The purpose of this guide is to assist individuals in developing their Pathway 3 Plans.

A. Key Dates

Pathway 3 Plan verification is valid for five (5) years. Individuals with verified Pathway 3 Plans must meet *all* IBLCE examination eligibility requirements in place at the time of applying for the examination.

B. Application and Other Related Forms

The Pathway 3 Plan Verification Packet (application) is available in the same languages as IBLCE offers the examination. Visit the IBLCE website and locate your language. English, Spanish, and German applications are available in the online credential management system.

Plans must be verified by IBLCE before the applicant begins to accumulate the required minimum of 500 directly supervised clinical practise hours.

IBLCE will send notification of Pathway 3 Plan verification by email to the applicant and the Chief Mentor. Please allow two weeks for verification of your Pathway 3 Plan to be completed.

Pathway 3 Plan applications may be submitted year-round. There is a fee for application

verification and the amount can be found on the last page of this document.

C. Applying for the Examination

In addition to a minimum of 500 hours of directly supervised clinical practise in lactation care, Pathway 3 applicants must also complete education in the health sciences, education that is specifically about human lactation and breastfeeding, and, beginning with applications for the 2021 examination, five (5) hours of education focused on communication skills. For more information about the Health Sciences Education and Lactation Specific Education requirements, please consult the *Candidate Information Guide*, which can be found on the IBLCE website.

Important! Application for the IBCLC examination must occur within the five years immediately following IBLCE verification of the Pathway 3 Plan.

VI. Directly Supervised Clinical Practise

Pathway 3 clinical practise hours must be directly supervised by mentors who are currently certified IBCLCs in good standing. Direct supervision is defined as a gradual, three-phase process:

- **Phase 1: Observation of IBCLC Mentor(s)** - Begins with line of sight observation of the IBCLC mentor engaged in practise AND/OR direct observation through use of a secure technology platform which facilitates synchronous two-way audio and visual communication.
- **Phase 2: Transition to Clinical Practise** - Includes clinical practise experience under the direct observation and guidance of the IBCLC mentor who is physically in the room with the applicant OR through the use of a secure technology platform which facilitates synchronous two-way audio and visual communication until the skill is mastered.
- **Phase 3: Supervised Independent Practise** - Culminates with independent practise by the applicant, with the IBCLC mentor either physically nearby to assist if needed OR available via a secure technology platform which facilitates synchronous two-way audio and visual communication.

Only those hours spent completing directly supervised clinical practise that involves interaction with breastfeeding families may be counted toward the required 500 hours

minimum. *Hours of clinical experience obtained prior to Pathway 3 Plan verification; hours obtained outside of the Pathway 3 Plan through work or volunteer experience; hours simply observing IBCLCs who are not mentors; and/or hours spent in completing alternative learning activities will not be counted toward fulfilling Pathway 3 requirements.*

A. Phase 1: Observation of IBCLC Mentor(s)

Observation of the IBCLC mentor(s) as described above must occur before the Pathway 3 applicant works directly with breastfeeding families.

- At the discretion of the supervising IBCLC, this observation may occur in conjunction with written assignments or coursework and may be undertaken before the Pathway 3 Plan is verified.
- Clinical observation of the IBCLC mentor **does not** count toward the minimum requirement of 500 directly supervised clinical practise hours.

B. Phase 2: Transition to Clinical Practise and Phase 3: Supervised Independent Practise

Practise obtained under Phases 2 and 3 of direct supervision **may be** counted toward the required 500 hours of directly supervised clinical practise. The directly supervised clinical practise may be undertaken only after the Pathway 3 Plan is verified by IBLCE.

Please Note: Due to the need to observe mentors and/or complete alternative learning assignments, completion of the Pathway 3 Plan will require more than 500 hours of the applicant's time. This should be taken into consideration when planning for the IBLCE examination application.

Actual practise by the applicant is required in Phases 2 and 3. This means that the applicant provides the care with the IBCLC mentor either in the room directly observing as the care is being delivered by the applicant or observing through use of a secure technology platform as described above which facilitates synchronous two-way audio and visual communication. Through either form of observation, either in person or via observation using technology with synchronous audio and visual components, the focus is on the mentor providing guidance and assistance to the applicant. The applicant should not be allowed to practise independently (Phase 3) until the IBCLC mentor(s) have determined that the applicant knows the limits of her/his knowledge and skill. Knowing when to ask for help is essential to the applicant's demonstration of the specialised

knowledge required of IBCLCs.

IBLCE encourages the applicant to pursue a variety of practise settings as part of the Pathway 3 mentorship, as this will provide the applicant with a broader range of experience related to the content areas on the [IBCLC Detailed Content Outline](#). It is also important that applicants practise in settings that will give them an opportunity to work with breastfeeding families across the chronological spectrum from pre-conception through weaning. Directly supervised clinical practise hours must be accumulated in every duty listed on the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants*. These hours must be recorded on the *Pathway 3 Clinical Practise Hours Report* and verified by the Chief Mentor.

C. Record Keeping

It is important to keep accurate records of directly supervised clinical practise hours. When applying for the IBCLC examination, your application may be randomly chosen for audit. If your examination application is audited, you will be required to submit additional documentation. Keep an accurate record of your clinical practise by using the *Pathway 3 Time Sheet* and the *Pathway 3 Directly Supervised Clinical Practise Hours Report*. These forms can be found at the end of this document.

VII. Applicant Responsibilities

Pathway 3 applicants must:

- Locate and contract with IBCLCs who will serve as mentors and choose one IBCLC to serve as the Chief Mentor.
 - Pathway 3 applicants are advised to network within their community to locate experienced IBCLCs who are willing to serve as mentors. IBLCE does not currently maintain a list of IBCLCs willing to be mentors and so does not provide assistance in locating mentors.
 - **Please Note:** IBLCE is not responsible or liable for the acts, conduct, or health-related experience or decision-making of any mentors.
 - **Recommendation:** Independently contracting with more than one mentor is advisable and gives the applicant the advantage of observing and learning from more than one experienced IBCLC.
- Establish a business relationship with the IBCLCs who will serve as mentors.

- IBLCE does not review or approve the contractual terms, conditions, or financial arrangements with any mentors, but only determines whether the requirements of Pathway 3 and any other IBLCE policies are met.
- **Please Note:** Any cost of mentorship varies and is part of the business relationship between the applicant and the mentors. IBLCE is not responsible for the terms of this business relationship. Payment is not required for mentorship.
- Meet the mentor's and the practise setting's requirements regarding applicable laws, regulations, policies, or other professional rules or guidelines for practise, professional liability insurance, immunisation certificates, health exam, etc. If the clinical supervision is provided via technology, this applies to both the mentor's and your own location.
- Notify IBLCE in writing if for any reason the applicant and/or mentor decides to terminate the plan prior to completion or if it becomes necessary to add or change mentors.
 - If adding or changing mentors becomes necessary, it is the applicant's responsibility to notify IBLCE of the change and obtain a completed *Mentor Agreement Form* for any new mentors. Clinical hours with a new mentor will not count until IBLCE has verified the new mentor.

A. Professional Responsibilities

Pathway 3 applicants are expected to adhere to certain basic principles of professional and ethical practise, including but not limited to:

- Conduct themselves in a professional manner at all times, adhering to all principles of the IBLCE *Code of Professional Conduct for International Board Certified Lactation Consultants*.
- Ensure that proper legal, regulatory, health, safety and insurance standards and requirements are met at all practise settings.
- Complete written work promptly and in compliance with the mentor's requirements.
- Obtain express written permission from the client to observe, assist and/or provide lactation care.
- Keep accurate records of the time spent completing the Pathway 3 Plan.
- Abide by any legal, regulatory, policy, or other requirements of the clinical placement site(s) where the directly supervised clinical practise in lactation and breastfeeding care is obtained as well as your own location.

VIII. Mentor Responsibilities

One mentor must agree to serve as the primary supervisor (Chief Mentor) of the Pathway 3 Plan. The Chief Mentor is responsible for:

- Creating and executing a Pathway 3 Plan which covers all of the duties listed on the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants*.
- Working together with the applicant to complete the Pathway 3 Plan Application form.
- Securing the practise settings in which the applicant will obtain the directly supervised clinical practise hours.
- Supervising the other mentors who are providing direct supervision of the applicant's clinical practise.
- Reporting to IBLCE the percentage of time each mentor provided direct supervision to the Pathway 3 applicant. This report must be submitted when the Pathway 3 Plan is completed and is for the purpose of awarding Continuing Education Recognition Points (CERPs) to mentors.

IBCLCs who serve as Pathway 3 mentors are expected to demonstrate and model the highest professional standards in their clinical practise and in their professional behaviour according to the *Code of Professional Conduct for IBCLCs* (effective November 1, 2011 and updated September 2015), *Scope of Practice for International Board Certified Lactation Consultant® (IBCLC®) Certificants* (dissemination and effective date December 12, 2018), the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants (IBCLCs)* (dissemination and effective date December 12, 2018) and the IBLCE [Advisory Opinion on Telehealth](#). Their commitment must extend beyond the breastfeeding families to teaching the Pathway 3 applicant under their supervision. Each Pathway 3 mentor must:

- Be a currently certified IBCLC in good standing.
- Complete and submit a *Pathway 3 Mentor Agreement Form* to the applicant.
- Provide a period of time during which the Pathway 3 applicant observes their practise before allowing the applicant to provide direct clinical practise to breastfeeding families.
- Directly supervise the applicant's clinical practise and determine the degree to which the applicant has mastered the clinical skills being practised before permitting the applicant to practise independently.
- Log the clinical practise hours that the applicant has accumulated under their direct

supervision by completing and signing a *Pathway 3 Time Sheet*.

- Assign additional learning activities, reading and/or written assignments to the applicant, as needed.
- Provide a reference for the Pathway 3 applicant, upon request.

Important! Relatives of the Pathway 3 applicant may not serve as mentors. It is a conflict of interest for a relative of the Pathway 3 applicant to be that applicant's mentor.

A. CERPs for Mentors

IBCLCs who serve as mentors for approved Pathway 3 Plans may receive CERPs for their service. For the purposes of CERPs allocation, each Pathway 3 Plan is eligible for a total of 25 L-CERPs. Over any given five-year period of time, IBCLCs may acquire up to a maximum of 50 L-CERPs for their service as mentors to applicants who complete their approved Pathway 3 Plan.

CERPs will be allocated on the basis of the percentage of time each mentor provided direct supervision to the applicant following Pathway 3. The Chief Mentor will be responsible for reporting these percentages to IBLCE. Based upon this report, IBLCE will notify the Chief Mentor of the number of CERPs each mentor earned.

IX. Pathway 3 Plan Development

The Chief Mentor is expected to work with the Pathway 3 applicant to develop a plan for covering all of the duties listed on the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants*. Making provisions for practise in several settings is important to well-rounded education in the clinical competencies.

X. Alternative Learning Activities

The assignment of other activities such as literature research or watching instructional videos may be needed in order for applicants to be exposed to all of the clinical skills. These alternative learning activities may be necessary, but ONLY those hours spent in directly supervised clinical practise that involves direct interaction with breastfeeding families may count toward the required minimum of 500 hours.

These alternative learning activities are intended as suggestions to applicants and mentors. Pathway 3 Plans may include other learning activities agreed upon by the mentor and applicant.

- Attend a childbirth conference, a seminar conducted by a professional association, or sessions presented by a lawyer, a dietician, or a human relations counsellor. These can be in person or online.
- Study the anatomy and physiology of the breast in detail, including how milk is synthesised.
- Learn about infant oral anatomy and development (or other topics) and write a report.
- Make a presentation to your colleagues on the biochemistry of human milk, or a similar challenging topic.
- Observe how an infant interacts with the birthing family in the immediate postpartum. Compare infants who have been exposed to medications in labor to those who have not.
- Attend a variety of peer-to-peer support meetings to observe mothers and babies and to learn more about the wide range of normal breastfeeding experiences. Observe the group counsellors, listen, ask questions, practise ethics, etc. These can be in person or online via a secure platform.
- Complete a professional ethics class or a seminar on health privacy issues relevant to your country, community or practise setting. These can be in person or online.
- Observe, document and interpret the normal growth, development, and breastfeeding behaviour of a single baby over a six-month period.
- Join a study group that critically reads peer-reviewed journal articles on breastfeeding to learn more about research techniques and evidence-based practise.
- Complete a Baby-Friendly Hospital Initiative (BFHI) course. Review hospital guidelines on breastfeeding. Describe in which ways they are aligned or not aligned with best practises.
- Join your local professional lactation consultant organisation for support, information, and educational opportunities.
- Complete tests, quizzes, and/or projects related to reading or clinical practise hours.
- Participate in role-playing exercises. These can be in person or online.
- Complete hypothetical charting exercises and practise writing reports to the primary health care provider.
- Complete a series of training sessions in multicultural counselling skills.
- Communicate with other health professionals, both supportive of and resistant to breastfeeding programs and practises.
- Observe and then describe the differences, both benefits and/or challenges,

between working with families via telephone, telehealth with video/audio capability, or in-person.

- Dialogue with your mentors about difficult challenges such as helping mothers of babies with disabilities, unexpected birth trauma, neonatal death, child abuse, medical emergencies, etc.
- Participate in discussions about how to work with other health care professionals as an effective, professional, respected member of the lactation care team.

XI. Ongoing Pathway 3 Plan Evaluation

Periodic evaluation is essential to the Pathway 3 Plan. Challenging situations such as poor work habits, unprofessional behaviour, or poor clinical knowledge or counselling skills may arise between applicant and mentor. The Pathway 3 applicant and mentor(s) should have regular evaluation meetings.

Whether the evaluation occurs daily, weekly, bimonthly, or monthly, establishing a schedule of meetings for the purpose of working through such challenges is important. Although evaluation time **cannot** be counted toward the directly supervised clinical practise requirement, it is imperative that time for evaluation be planned.

XII. Potential Financial Considerations

Pathway 3 applicants are individually responsible for locating, contracting, and, if applicable, making any payment arrangements with IBCLC mentors, but one mentor must agree to serve as Chief Mentor. IBLCE strongly recommends that the applicant and mentor sign a written agreement before the mentoring services begin. IBLCE currently does not provide assistance in locating mentors, or provide contract, legal, or financial counseling, aid, or assistance.

Important! The agreement reached, and fulfillment of it, is the sole responsibility of the parties involved. IBLCE cannot serve as a negotiator, arbitrator, legal counsel, or collection agency for either the Pathway 3 applicant or mentor. Therefore, IBLCE is not responsible or liable in any way for business aspects of the Pathway 3 applicant's relationship with any mentor.

Any cost associated with mentorship varies and is part of the business relationship between the applicant and her/his mentor(s). The Pathway 3 applicant is also responsible for obtaining professional liability insurance, immunisation certificates, health exam, privacy consent,

patient approvals, or any other license or approval required by the mentor practise setting and in one's own location. As is the case in preparing for any career, the Pathway 3 applicant must expect to incur expenses such as, but not limited to, textbooks, insurance, seminars and workshops, and mentor's fees.

XIII. Frequently Asked Questions

Can I get credit for clinical practise accumulated prior to verification of my plan or may I use my on-the-job experience? No. Your plan must be verified before you begin accumulating the directly supervised clinical practise hours, and you may not combine on-the-job experience with directly supervised experience in order to meet the 500-hour requirement. You may observe your mentor(s) before the plan is verified, but you must wait for notification that your plan has been verified to begin counting the directly supervised clinical practise hours.

What is the Pathway 3 Application deadline? Pathway 3 Plan applications may be submitted year-round.

Can any portions of the *Clinical Competencies for the Practice of International Board Certified Lactation Consultants* be omitted? No. You are expected to demonstrate to your mentor that you are skilled in all the clinical competencies.

Where can I obtain the clinical experience? Hours may be accumulated in any setting which affords the opportunity for in-person or remote, directly supervised clinical practise in accordance with this guide. Appropriate supervised settings may include, but are not limited to, hospitals, birthing centres, physician's offices, public health clinics, and private lactation consultant practises. IBLCE encourages you to obtain experience in a variety of settings.

My local hospital will not permit me to provide care to their patients. What can I do? Be sure to verify that the settings where you will be working with breastfeeding families will allow you to provide care. Some hospitals and clinics will allow observation by Pathway 3 applicants but will not allow the applicant to practise, even with the mentor supervision. You and your mentor will need to work together to find appropriate clinical settings that will allow you to provide care to breastfeeding families, not just observe them.

Can the required minimum 500 directly supervised clinical practise hours be reduced by experience or other means? No. All Pathway 3 applicants must complete the 500 hours of directly supervised clinical practise minimum requirement which may be in person or through use of a secure technology platform which facilitates two-way synchronous audio and visual communication. Through either form of observation, either in person or via

observation using technology with two-way synchronous audio and visual components, the focus is on the mentor providing mentoring and guidance to the applicant.

Can the hours I spend observing IBCLCs at work be counted? No. You may count only those hours that you have spent actually providing lactation care under the direct supervision of your mentor(s).

Am I required to be a nurse or other health professional to qualify under Pathway 3? No. Individuals from a broad variety of backgrounds may qualify through Pathway 3.

My mentor works in a retail store which sells and rents breast pumps. May I count the practise hours I obtain while helping customers? No. Hours helping clients choose which products to purchase or rent cannot be used toward meeting the Pathway 3 requirements.

Can Pathway 3 be undertaken by anyone, anywhere in the world? Yes, with limitations. Certain local or regional laws and regulations may require that Pathway 3 applicants meet other requirements besides those listed, referenced, or implied in this guide. It is the responsibility of the IBCLC mentors and applicants to understand and abide by the laws and regulations within the jurisdiction(s) in which services are both being observed and performed, including but not limited to any licensing or professional terms or conditions.

Can additional mentors be added to my Pathway 3 Plan? Yes. Once your Pathway 3 Plan is approved, it is possible to add additional mentors. Ensure that you get a signed *Mentor Agreement Form* from your new mentor(s). You must contact IBLCE to add mentors and receive verification of the new mentor prior to earning clinical hours with this mentor.

I am starting a Pathway 3 mentoring relationship now with a mentor in a different location than where I am located. What happens if in November 2020 IBLCE no longer allows earning clinical supervision hours via technology (in whole or in part) to count towards its eligibility requirements? Will I need to find a new mentor? No. While the future due to COVID-19 remains uncertain, and *how* clinical hours for Pathway 3 may be earned could be further revised in November 2020, you will be able to finish earning your required clinical hours remotely provided that you complete your clinical hours requirement no later than **December 31, 2022**.

Pathway 3 Mentor Agreement Form

All mentors must complete a Pathway 3 Mentor Agreement Form and return the completed form to the Pathway 3 applicant. This form may be required in the case of an audit when applying for IBCLC certification.

Pathway 3 Applicant's Name: _____

Mentor Information	
First Name:	Last Name:
IBCLC L-Number:	Will you be Chief Mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	
City:	State/Province:
Postal Code:	Country:
Work Phone:	Home Phone:
Email:	
Current Place of Employment:	

Signed Statement:

I hereby certify that I am an International Board Certified Lactation Consultant (IBCLC) in good standing and I accept responsibility for providing clinical instruction and direct supervision for the above named Pathway 3 Plan applicant. I agree to recognise, follow, and comply with all requirements of IBLCE with respect to Pathway 3 and all applicable laws, regulations, policies, and procedures, including but not limited to the terms of this guide.

Mentor's Signature: _____ **Date:** _____

Printed Name: _____

Please return this completed form to the Pathway 3 Plan applicant.

Applicant, please retain the completed form for your records and for fulfilling audit requirements when applying for the IBCLC certification.

Report of Pathway 3 Clinical Practise Hours

Please keep careful records. When applying for the IBLCE examination, your application may be randomly chosen for audit. ***If your examination application is audited, you will be required to submit this document, along with other records.*** Applicants who fail to comply with the terms of the audit will not be allowed to take the examination and will forfeit a non-refundable portion of the examination fee.

Pathway 3 Applicant's Name:
IBLCE Account Number (if applicable):
Chief Mentor's Name:
Chief Mentor's IBCLC L-Number:

A minimum of 500 directly supervised clinical practise hours must be documented on this report. Your mentors must verify completion of the clinical practise hours they directly supervised. Please complete the table below summarising the hours recorded on your *Pathway 3 Time Sheets* (on page 20) and then obtain your mentor's signature and date in the appropriate box.

Mentor's Name	Number of Directly Supervised Clinical Practise Hours		Mentor's Signature & Date
	<i>Hours Supervised In Person</i>	<i>Hours Supervised via observation using technology with synchronous audio and visual components</i>	
Grand Total of Directly Supervised Clinical Practise Hours:			

Applicant, please retain the completed form for your records and for fulfilling audit requirements when applying for the IBCLC certification.

Pathway 3 Time Sheet

Make as many copies of this sheet as you need. Use the sheet to record your directly supervised lactation specific clinical practise hours. These records will be used to complete the Report of Pathway 3 Clinical Practise Hours (page 19). Retain the time sheets for your records; IBLCE may request that you submit them as verification of the hours you reported.

Pathway 3 Applicant's Name:
IBLCE Account Number (if applicable):
Chief Mentor's Name:
Chief Mentor's IBCLC L-Number:

Date	Brief Description of Daily Clinical Practise	Supervised	Start Time	End Time
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
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		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		
		<input type="checkbox"/> In Person <input type="checkbox"/> Via Technology		

Applicant, please retain the completed form for your records and for fulfilling audit requirements when applying for the IBCLC certification.

Application for CERPs Award to Pathway 3 Mentors

Chief Mentor's Name:	
Chief Mentor's IBCLC L-Number:	
Phone Number:	Email (required):

Pathway 3 Applicant's Name:
IBLCE Account Number (if applicable):

Please provide the requested information for each mentor only after the mentee has completed the approved Pathway 3 Plan.

Name of Mentor	IBCLC L-Number	% of time spent mentoring	L-CERPs Awarded <i>For office use only</i>

Submit this completed form to your IBLCE regional location. IBLCE will review and award CERPs on the basis of the information provided. The number of CERPs awarded will be entered and a scanned copy of the completed form will be emailed to the Chief Mentor. It is the Chief Mentor's responsibility to distribute copies of the CERPs award notification to all other mentors listed on the form. This copy of the form with the number of CERPs awarded will serve as the certificate of completion and may be used to document CERPs reported for recertification purposes.

Signed Statement:

I understand that as the Chief Mentor, I am responsible for informing all mentors of the CERPs awarded; furthermore, I agree that CERPs will only be awarded to mentors of verified Pathway 3 applicants or mentors. I verify that the information provided is truthful and can be confirmed by time logs of the mentors' activities.

Mentor's Signature: _____ **Date:** _____

Printed Name: _____

For Office Use Only CERPs assigned in the table above have been verified by:	
Staff Name:	Date:

Pathway 3 Plan Verification Fee Schedule

Beginning September 1, 2019 through September 30, 2020

Pathway 3 Plan Verification Fee		
USD Tier 1	USD Tier 2	USD Tier 3
\$100	\$75	\$55

Tier 1 Countries	Andorra, Aruba, Australia, Austria, Bahamas, Bahrain, Belgium, Bermuda, Brunei Darussalam, Canada, Cayman Islands, Croatia, Cyprus, Czech Republic, Denmark, Estonia, Falkland Islands, Finland, France, Germany, Gibraltar, Greece, Greenland, Guadeloupe, Guam, Hong Kong, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kazakhstan, Kuwait, Latvia, Liechtenstein, Lithuania, Luxembourg, Macau, Malaysia, Malta, Martinique, Monaco, Netherlands, New Caledonia, New Zealand, Norway, Oman, Poland, Portugal, Puerto Rico, Qatar, Reunion, Romania, Russian Federation, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, South Korea, Spain, St. Kitts and Nevis, St. Maarten, Sweden, Switzerland, Taiwan, Trinidad and Tobago, Turkey, United Arab Emirates, United Kingdom, United States, Virgin Islands (British), Virgin Islands (US)
Tier 2 Countries	Albania, Algeria, American Samoa, Anguilla, Antigua and Barbuda, Argentina, Armenia, Azerbaijan, Barbados, Belarus, Belize, Bhutan, Bolivia, Bosnia and Herzegovina, Botswana, Brazil, Bulgaria, Chile, China, Colombia, Cook Islands, Costa Rica, Curacao, Dominica, Dominican Republic, Ecuador, Egypt, El Salvador, Equatorial Guinea, Fiji, French Polynesia, Gabon, Georgia, Grenada, Guatemala, Guyana, India, Indonesia, Iran, Iraq, Jamaica, Jordan, Kosovo, Laos, Lebanon, Libya, North Macedonia, Maldives, Mauritius, Mexico, Mongolia, Montenegro, Montserrat, Morocco, Namibia, Northern Mariana Islands, Palau, Panama, Paraguay, Peru, Philippines, Serbia, South Africa, Sri Lanka, St. Lucia, St. Martin, St. Vincent and the Grenadines, Suriname, eSwatini, Thailand, Timor-Leste, Tunisia, Turkmenistan, Ukraine, Uruguay, Venezuela
Tier 3 Countries	Afghanistan, Angola, Bangladesh, Benin, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Cote D'Ivoire, Democratic Republic of the Congo, Djibouti, Eritrea, Ethiopia, Federated States of Micronesia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, Honduras, Kenya, Kiribati, Kyrgyzstan, Lesotho, Liberia, Madagascar, Malawi, Mali, Marshall Islands, Mauritania, Moldova, Mozambique, Myanmar (Burma), Nepal, Nicaragua, Niger, Nigeria, North Korea, Pakistan, Palestine, Papua New Guinea, Republic of the Congo, Rwanda, Samoa, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Syria, Tajikistan, Togo, Tonga, Tuvalu, Uganda, United Republic of Tanzania, Uzbekistan, Vanuatu, Viet Nam, Western Sahara, Yemen, Zambia, Zimbabwe