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| Critical Access Hospital  **HOST A CERTIFED LACTAION COUSELOR (CLC) TRAINING at YOUR CAH** |  |

**Overview**

[Rural Breastfeeding Support Initiative](https://www.mtbreastfeedingcoalition.com/rural-bf-initiatives.html) - With the goal of increasing access to certified lactation counselors in Montana’s rural communities, the MT Nutrition & Physical Activity Program (NAPA), in partnership with the Montana Hospital Association, will partner with a Montana Critical Access Hospital to host a Certified Lactation Counselor Training at their CAH facility.

# Facility Information

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| Critical Access Hospital |  | Street Address:  (City & Postal Code) |  |
| Main CAH Contact: |  | Position |  |
| Phone |  | Email |  |

**Outline**

**The NAPA program will work directly with CLC Training providers (Healthy Children’s Center for Breastfeeding) and selected Critical Access Hospital facility to provide the 40-hour Certified Lactation Counselor Training at their CAH site. The selected hospital will receive 2-3 free registrations for their staff to attend the training. The MT NAPA program will work with partners to organize and promote training across the state.**

**Host Site Requirements**:

* Montana Critical Access Hospital;
* Provide free use of conference room (5 days) for 30+ attendees with table set-up (M-F 8AM-5PM);
* Projector, screen, microphone (preferably with WIFI capability).

**Other Considerations**

* NAPA will choose 1 different Critical Access Hospital site to host a CLC Trainings site each year for 5 years.
* Preference given to those host sites that can help garner at least 20 registrations (the minimum required to host a training.
* To increase attendance, CLC training to be held during the non-winter months.
* Please note we are selecting CLC host sites for 2021-2024.

**Questions:**

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| **Does facility have conference room? If so, how many seats?** |  |
| **Best months to host a CLC training at your facility?** |  |

**Please describe current breastfeeding support structure and why you are interested in hosting a CLC at your CAH.**

**Please return completed request to host a CLC training to** [**TMiller6@mt.gov**](mailto:TMiller6@mt.gov?subject=CAH%20Breatfeeding%20Training%20Request)