

Licensure As a Lactation Consultant

Please follow these easy steps to ensure that your application is processed as quickly as possible.

1. Complete the application in its entirety. Indicate N/A for any blanks that are not applicable.
2. Include a check or money order payable to the Professional Licensing Boards Division in the amount of \$100.00 + 10.00 processing fee. Please note application fees are non-refundable.
3. Please have verification of certification as an International Board Certified Lactation Consultant from the International Board of Lactation Consultant Examiners sent electronically to nursing@sos.ga.gov.
4. Applicants are required to disclose all felony convictions and discipline by other regulatory boards. If you have been convicted of a felony or disciplined by any other regulatory board or agency please provide a certified copy of the official documents showing the final disposition of the incident as well as a personal, detailed letter of explanation regarding each incident. To avoid processing delays please submit all documentation as part of your application packet.
5. Georgia law requires applicants to submit secure and verifiable documentation regarding their United States citizenship status. Submit a copy of your driver's license, United States passport or other document as indicated on page 3 of the application packet. To avoid processing delays please submit the required documentation as part of your application packet.
6. Have your completed application notarized.
7. Georgia law requires applicants for licensure to complete a criminal background check. Please visit our website at www.sos.ga.gov/board-lactation-consultants and view the instructions for completing a criminal background check.
8. Submit your completed application to the Professional Licensing Boards Division for processing. Applications are processed in the order in which they are received. To avoid processing delays please be sure to include all required documentation with your application packet. Applications are valid for one year from the date of submission. When mailing your application please use a 9x12 envelope and do not fold or staple any of the documents.



Georgia Secretary of State

237 Coliseum Drive
Macon, Georgia 31217
(404) 424-9966

www.sos.ga.gov/board-lactation-consultants

Date Entered _____
Receipt # _____
Submitted \$ _____
Certificate # _____
Date Issued _____

**Application for Licensure
as a Lactation Consultant**
Application Fee \$100.00 + \$10.00 Processing Fee
Fees Are Nonrefundable

Please check this box if you are a military spouse or a transitioning service member of the United States armed forces (including the National Guard).

Demographic Information
Please Print Legibly or Type all Information

Last Name:		First Name:	
Middle Name:		Previous Name(s):	
Social Security Number:		Date of Birth:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Email:	

Physical Address Information – Applicants must provide a physical address of record.
A post office box is not acceptable for this field.

Physical Address:

City:	State:	Zip:
-------	--------	------

Mailing Address Information - Pursuant to O.C.G.A. §43-1-2(k), if issued a license, your mailing address and license number are public information and will appear on the Board's website. A post office box may be used for this field.

Mailing Address:

City:	State:	Zip:
-------	--------	------

Phone:	Alternate Phone:
--------	------------------

Certification Information

Applicants must have verification of certification as an International Board Certified Lactation Consultant from the International Board of Lactation Consultant Examiners sent electronically to nursing@sos.ga.gov.

Are you certified as an International Board Certified Lactation Consultant by the International Board of Lactation Consultant Examiners? No Yes

Certification Number _____

Criminal and Disciplinary Information

Failure to reveal a felony conviction may subject your license to a disciplinary order and fine.

Have you ever been convicted of a felony? No Yes

Note: The answer to this question is "Yes" if your conviction has been pardoned, expunged, dismissed or deferred, you pled and completed probation under First Offender and/or your civil rights have been restored and/or you have received legal advice that the offense will not appear on your criminal record.

If "yes," please include a certified copy of the court records and final disposition from the court with your application. In the event the file no longer exists, you must submit documentation from the court stating that fact. Also include a personal letter of explanation regarding each incident.

Have you ever had a license revoked, suspended, or otherwise sanctioned by any professional licensing board or agency in Georgia or any other state? No Yes

If you answered "Yes" regarding sanctions from another board, you must request that the licensing board or agency send a certified copy of the action taken against your license with relevant supporting documents to our office. Your application will not be processed until this information is received and reviewed.

Have you procured or attempted to procure a license by fraud, deceit, misrepresentation, misleading omission, or material misstatement of fact? No Yes

Have you willfully or negligently acted in a manner inconsistent with the health or safety of persons under your care? No Yes

Have you ever committed a fraudulent insurance act? No Yes

Do you excessively or habitually use alcohol or drugs? No Yes

Do you have a physical or mental disability that renders you incapable of safely administering lactation care and services? No Yes

Citizenship and Immigration Information

Georgia law requires applicants to submit a copy of your Secure and Verifiable Document. This includes a copy of your driver's license, United States Passport or a copy of your current immigration document(s) which includes your alien identification number, I-94 number and SEVIS ID if required.

A complete list of secure and verifiable documents published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status. This list may be found on the Board's website at this address: www.sos.ga.gov/board-lactation-consultants

Applicant Affidavit

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations for lactation consultants and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

1) _____ I am a United States citizen 18 years of age or older. Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other lawful document.

2) _____ I am not a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number.

Under penalties of perjury, I understand that any false or misleading information in, or in connection with my application, may be cause for denial or revocation of licensure. In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action and/or criminal prosecution.

Printed Name of Applicant Date

Applicant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____.

Signature of Notary Public Commission Expiration Date

- THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY -

Application Checklist

To ensure that your application is complete, please use the following checklist:

Enclose a check or money order payable to the Professional Licensing Boards Division in the amount of \$100.00 + \$10.00 processing fee. Remember—fees are nonrefundable.

Have verification of certification as an International Board Certified Lactation Consultant from the International Board of Lactation Consultant Examiners sent electronically to nursing@sos.ga.gov.

Enclose secure and verifiable documentation of United States citizenship or legal immigration status.

Register for your criminal background check with Gemalto/GAPS.

Submit your completed application to:

Professional Licensing Boards Division
237 Coliseum Drive
Macon, Georgia 31217
404-424-9966
www.sos.ga.gov/board-lactation-consultants

You may check your application status by visiting our website at www.sos.ga.gov/board-lactation-consultants and click on "Licensing Services" and "Application Status."



Office of the Secretary of State

Name-Based Criminal History Record Information Consent/Inquiry Form

I hereby authorize the Georgia Board of Lactation Consultants to conduct an inquiry for the purpose listed below and receive any Georgia and/or national criminal history record information as authorized by state and federal law.

Form with fields: Full Name (print), Address, Sex, Race, Date of Birth, Social Security Number

Please check ONLY one of the boxes listed below:

- Two checkboxes for authorization validity and consent to periodic criminal history background checks.

Signature _____ Date _____

AREA BELOW IS FOR AGENCY USE ONLY

Date of Inquiry: _____ Time of Inquiry: _____ Operator's Initials: _____

Purpose Code Used: (check one)

Table with categories: NON-CRIMINAL JUSTICE PURPOSES, PERSONAL REQUEST (INDIVIDUAL OR THEIR ATTORNEY), CRIMINAL JUSTICE

The inquiry resulted in the following: (check all that apply)

Table with options: No Criminal Record Available, Criminal Record (Attached/Released), No NCIC/GCIC Warrant, Possible NCIC/GCIC Warrant (List Wanting Agency Below)

Wanting Agency Name: _____

Wanting Agency Telephone: _____

Agency Designee Signature and Title: _____ Date: _____