



Lamaze® International

2025 M Street, NW, Suite 800, Washington D.C. 20036 ♦ 800-368-4404 ♦ www.lamaze.org

CONTACT HOUR APPROVAL APPLICATION

The entire application and all supporting documentation must be typed. Applications must be received 60 days before the event. Applications received between 60 to 30 calendar days prior to an event are subject to a \$25 Rush Fee. Applications received less than 30 days prior to an event do not allow sufficient time for review and modification to meet LI approval standards and will not be reviewed. It then follows that no event or activity will be opened for review after the event has occurred. Complete each section carefully. You may recreate the forms on your computer or type directly on photocopies of the attached forms. Incomplete applications will be returned.

Title of Program _____

Date(s) Offering is Scheduled _____

This program has previously been approved by Lamaze International, LIN-____-____.

**Please note: Previous approval does not guarantee approval without review and revision.*

Number of Contact Hours Requested (Effective January 1, 2007: 60 minutes = 1 contact hour): _____

Location (s) TBD _____

Target Audience _____

Sponsor/Primary Planner _____

Primary Contact Person _____

Address _____

Phone _____ E-mail _____

Fee Schedule

For Profit \$50 per presentation day or up to the first 10 contact hours (maximum of \$150 for repeated offerings of same course in a calendar year.)

Non-Profit \$35 per presentation day or up to the first 10 contact hours [must provide], (maximum of \$150 for repeated offerings of the same course in a calendar year.)

Rush Fee + \$25 for all applications submitted less than 60 calendar days prior to the program start date.

Applications received in the LI office less than 30 days prior to the first day of the event will not be reviewed.

The application fee is waived for Lamaze International Chapters. Chapters are, however, subject to the rush fee.

Amount Enclosed: \$ _____

Maximum of \$150 fee for this event has been paid for 20____. Check Nos. _____

Applying organizations must be in WHO compliance. Please visit www.lamaze.org for reference to the WHO Code.

Application Checklist: (Please use the check list below to ensure that you have completed the application.)

Course Objectives and Description

Outline of Behavioral Objectives, Content (**with objectives referenced**) & Time Schedule, Instruction/Method, and Evaluation Method of the Learner.

Faculty Qualifications (use CV or enclosed Faculty Qualification Form)

Copy of General Program Evaluation Tool. (Also note each session must have an evaluation method/ tool)

Copy of all handouts, including dated bibliography

Copy of Brochure (can be a draft copy)

Copy of Certificate of Attendance

Application Fee (including late fee if applicable)

Name/Address of Person Holding Attendance Records (3 years)

Submit **three (3)** copies of entire application

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CONTENT OUTLINE & TIME SCHEDULE

Outline Page: 1

Program Title: _____

Program Purpose: _____

Total Time: _____

BEHAVIORAL OBJECTIVES (number each objective)	COURSE CONTENT OUTLINE (indicate which OBJECTIVE is covered in <u>each</u> topic heading) Example: "IV. Case Studies - Objective 2")	TIME ALLOTMENT	INSTRUCTOR & METHOD	EVALUATION TOOL(S)/METHOD

Lamaze® International

SPEAKER QUALIFICATION FORM

Complete one form for each speaker or enclose a copy of their C.V. or resume.

Name _____

Address _____

Phone _____ Credentials _____

EDUCATIONAL BACKGROUND:

<i>Degree or Certificate</i>	<i>Institution or Organization</i>	<i>Date Awarded or Conferred</i>

PROFESSIONAL EXPERIENCE:

<i>Position</i>	<i>Institution or Organization</i>	<i>Dates</i>

List recent publications, presentations, & current memberships on a separate page.
Please write out all acronyms. Thank you.