



## CAPPA Recertification

### BREASTFEEDING SUPPORT GROUP OBSERVATION

*This form should be used to document breastfeeding support group meetings attended for continuing education. These meetings must be led by a lactation professional (IBCLC, CLE, CLC, LLL).*

*\*One meeting hour equals one contact hour. You may use a maximum of three hours for recertification. Please use a separate form for each meeting attended.*

Please print clearly

Member Name: \_\_\_\_\_

Signature of instructor: \_\_\_\_\_

Date of event: \_\_\_\_\_

Hours of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

*(Copy as needed to properly document event.)*

**Briefly describe the topics covered (you may use this space or attach a printed document):**