

EPIC Breastfeeding Education Trainer Information Sheet



Personal Information:

Name: _____ Credentials: _____
Home Address: _____
City: _____ State: ____ Zip Code: _____ County: _____
Home Phone: _____ Home Fax: _____ Cell Phone: _____
E-mail: _____

Business Information:

Specialty: PED OB FP Other: _____
Practice Name: _____
Business Address: _____
City: _____ State: ____ Zip Code: _____ County: _____
Business Phone: _____ Ext: _____ Business Fax: _____

Which phone number is best to contact you? Cell Home Business

I am willing to travel within the following mile radius: <30 30-60 60-90 90+

The best days and time for me to do programs are:

___ Monday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
___ Tuesday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
___ Wednesday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
___ Thursday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
___ Friday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
___ Saturday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
___ Sunday	<input type="checkbox"/> Not Available	<input type="checkbox"/> Anytime	<input type="checkbox"/> Morning	<input type="checkbox"/> Lunchtime	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

(The majority of programs will be conducted during the lunch hour.)

CHECKLIST FOR RETURN ITEMS

- 1) Trainer Information Sheet**
- 2) CME Disclosure Declaration**
- 3) GNA Biographical Data Form**
- 4) IBCLE Speaker Disclosure Form**
- 5) Curriculum Vita/Resume or IBCLE Curriculum Vita Form**
- 6) W-9 Form**
- 7) Trainer Policy Statement**

Please return all information to:

**EPIC Breastfeeding Program
Attn: Andrea Boyd, Program Coordinator
1350 Spring Street NW, Suite 700
Atlanta, GA 30309-2874
Fax: 404-249-9503
E-mail: aboyd@gaaap.org**