

# 4-22 Completion Form: Breastfeeding Level 2

## What you need to do:



1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: \_\_\_\_\_

Certifier Name: \_\_\_\_\_

### New Certifier:

I have completed the *Breastfeeding Level 2* training, completed the post-test, and discussed what I learned with my training supervisor.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

After completing the *Breastfeeding Level 2* training, you should meet the following competencies:

#	<a href="#">Competency</a>	Yes/No/NA
3.11	Makes correct recommendations regarding infant feeding.	
3.12	Educates participants about nutrition-related problems experienced by infants.	
3.24	Recognizes potential concerns related to breastfeeding and refers participants appropriately.	
3.25	Recognizes health and lifestyle contraindications to breastfeeding.	

#	Competency	Yes/No/NA
3.26	Assesses real and perceived barriers to breastfeeding and counsels to assist mothers to overcome these barriers.	
3.27	Applies knowledge of anatomy and physiology in the assessment of normal breastfeeding and breastfeeding problems.	
3.28	Demonstrates and assesses effective practices that support breastfeeding.	
3.29	Completes breastfeeding assessments at critical points in pregnancy and the early postpartum period according to state agency policies.	
3.30	Analyzes common breastfeeding problems and identifies solutions using evidence-based information.	
3.31	Appropriately issues and explains the use of breast pumps.	
8.12	Works within the scope of practice for their position and accesses appropriate resources.	
10.13	Uses counseling strategies to build participant self-efficacy.	

**Training Supervisor:**

*Breastfeeding Level 2* post-test score: \_\_\_\_\_

I have met with or observed \_\_\_\_\_ and can verify that they have achieved the learning objectives of the *Breastfeeding Level 2* training and the competencies listed above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_