



## The Breastfeeding Coalition of Ventura County

### This Breastfeeding Resource Guide is for you!

In order to list your name in the provider section of the directory, you must be a Certified Lactation Professional, a Licensed Health Care Practitioner or a La Leche League Leader. You must include a *copy* of your license or certification with your application for *any* credentials that you want to have listed.

#### Share the News!

Do you know of any other lactation professionals that might be interested in being listed in this directory? Please share a copy of this application with them or send us their name and contact information with your application so that we can contact them directly. You may also list anyone you think would appreciate receiving a copy of the directory.

Provide **their** contact information below:

To be listed in directory (include phone or e-mail):

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To receive directory (include phone or e-mail):

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**Thank you for helping us to serve the families of Ventura County!**

The Breastfeeding Coalition of Ventura County  
2007 Resource Directory Application

Please list information as you would like it to read in the directory:

Name and Credentials: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
*(Indicate primary service site)*

E-mail / website: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ *Do you want home # listed in directory? Y/N. If not, it will not be included in the directory and will be used by us only.*

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Address: \_\_\_\_\_  
*(Indicate Secondary service site if applicable)*

Business Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
*(Secondary site)*

Professional License: M.D.  R.N.  R.D.  R.P.T.  O.T.R.  Other: \_\_\_\_\_

Lactation Professional Credentials: IBCLC  CLC  CLE  Other: \_\_\_\_\_

Please list services provided at your place of business: \_\_\_\_\_

Please list services provided at client's home: \_\_\_\_\_

Other information you would like to list: \_\_\_\_\_

Do you provide services in a language other than English? Spanish  Other(s): \_\_\_\_\_

Days/Hours of Service: \_\_\_\_\_

Please return the completed application and documentation via mail, fax, or email to:

Attn: Laura Flores, RD, CLC  
Ventura County WIC Program  
2240 E. Gonzales Rd. Suite 290  
Oxnard, CA 93036  
(805) 981-5273 / Fax: (805) 981-5250  
laura.flores@ventura.org