

Apply for Five Stars:

Did your facility complete all requirements for Four Stars? Yes _____ (Continue) No _____

(All requirements for four stars must be complete to continue)

Has your hospital received final designation as a Baby-Friendly Hospital Yes _____ (Continue) No _____
(To continue with this application you must have completed all applications to receive four stars and received designation as a Baby-Friendly Hospital from Baby-Friendly USA)

Facility Contact Information

The review committee reserves the right to require additional documentation.

Provide a name and contact information of the responsible party.

Name

Title

Phone

Email Address

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Congratulations on becoming a designated Baby-Friendly Hospital!

Please email this sheet along with a scanned copy of your letter of designation from Baby-Friendly USA to fbc-hospitalaward@flbreastfeeding.org