



Spring 2014 Lactation Education Practicum Application Form
Advancing Professional Competencies of Graduate Nutrition Students in the Area of Lactation Education
College of Health and Human Development
California State University, Northridge

Name of Applicant: _____

Program of Study: _____

Address: _____

Phone Number: _____

Email Address: _____

Semester took HSCI 496LA: Lactation Education: _____

If completed HSCI 496LA: Lactation Education, what grade did you receive in the course?: _____

Please provide a brief statement as to why you would like to be selected to participate in the lactation education practicum experience:

Please email a copy of the Lactation Education Practicum Application to Dr. Merav Efrat
at Merav.Efrat@csun.edu by October 24, 2014