

Baby-Friendly Hospital Initiative

DISCOVERY PHASE – REGISTRATION

Date: _____

Facility Name: _____

Address: _____

City: _____ State _____ ZIP _____

Primary Baby-Friendly contact person: _____

Title & Department: _____

Phone number: _____ fax: _____

Email address: _____

Secondary contact person: _____

Phone number: _____ Email address: _____

Type of Facility:

- Hospital—private not for profit Free standing Birth Center
 Hospital—private for-profit
 Hospital—government funded [Type: _____]

System membership: _____

Teaching: nursing internship residency

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