



ALPP Application for Renewal of Certification: Advanced Lactation Consultant (ALC)

Name

Home Address

City State Zip

Credit Card Billing Address

Credit Card Billing City/State/Zip

Daytime Phone

Email Address

ALC Recertification Fee Schedule	Price	Check one
Early Recertification- completed application packet is received at least 2 months prior to expiration	\$102	
Regular Recertification- completed application packet is received between 2 months prior to expiration date and actual expiration date	\$126	
Late Recertification- completed application packet is received within 3 months following the expiration date	\$176	
Total Amount Enclosed		

Send completed application to:
 Academy of Lactation Policy and Practice
 Department of Recertification - ALC
 PO Box 2170
 South Dennis, MA
 OR fax to: (508)-833-6070



Method of Payment

(Full payment required)

___ Check (Please make checks payable to ALPP)

___ Money Order

Charge my:

___ MasterCard ___ Visa ___ Discover

___ American Express

Credit Card number

_____/_____

Exp. Date (month/year) V Code*

Signature (as shown on card) _____

*3 numbers on back for V/MC/D, 4 numbers on front for Amex

Please make sure your name appears on all certificates. If your name was not printed on the certificate for you, please write it in. Any certificate received without a name will be considered invalid and it will be the responsibility of the applicant to prove that they attended the training.

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Academy of Lactation Policy and Practice

Department of Recertification - ALC

PO Box 2170

South Dennis, MA

OR fax to: (508)-833-6070



Name _____

Date of Program	Program Name	Relevant Hours	Sponsoring Agency	Certificate Attached
		Total Relevant Hours		

Attach all certificates. Please keep a copy for your records and print neatly.
 ALPP is not responsible for misdirected mail.
 Please allow four to six weeks for processing of recertification.
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 South Dennis, MA 02660
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ALPP
THE ACADEMY OF
**Lactation Policy
and Practice**

Affidavit of Continuing Education

(Signature required)

I attest that I have completed the required hours of continuing education as I have stated in this application. I understand and agree that any false information provided by me may result in revocation of my ALC credential.

Signature:

Date:

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