The Academy of Lactation Policy and Practice strives to promote interdisciplinary knowledge about breastfeeding and human lactation through certification and other activities that protect the public by assessing competency driven lactation management, skill and knowledge. These activities seek to promote, protect, and support breastfeeding for individuals and society at large.
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The History and Purpose of the Academy of Lactation Policy and Practice (ALPP) and the ANLC Certification

The non-profit organization, ALPP, provides a national credentialing program in Breastfeeding and Human Lactation for nurses, physicians, dietitians, WIC personnel, peer counselors, independent lactation counselors and others. Founded in 1999, ALPP is dedicated to improving the foundation of breastfeeding comprehension and understanding throughout the United States by providing certificates of added qualification in breastfeeding.

With expertise from expert panels including CLCs, IBCLCs, other HCPs (Health Care Providers) and consumers, ALPP develops and administers the ANLC certification to assess knowledge and skills that underlie competent practice in lactation consulting. The program committee is responsible for setting policy, developing procedures and suggesting guidelines for the certification program. The development and administration of the ANLC competencies promotes competency in lactation management, skills, and knowledge and thereby fulfills the mission of ALPP.

The purpose of competency certification is to protect the public by identifying individuals who are competent in lactation management skills and knowledge. By extension, the ANLC certification seeks to promote, protect and support breastfeeding for individuals and society at large.

ALPP does not discriminate against any individual on the basis of race, color, creed, religion, gender, sexual orientation, national origin, age, disability or any other characteristic protected by law.
Why become an ANLC?

Obtaining the ANLC credential is a way of demonstrating your knowledge, abilities, attitudes and skills in lactation practice and management to the public and to employers. Competency verification provides the practice expectation for employers.

According to the American Nurses Credentialing Center (ANCC) “Nurses benefit from this new method of substantiating their ability to perform a given skill, providing them a competitive edge in obtaining and retaining positions. Employers and healthcare consumers are better able to compare and judge the quality of skills validation programs that nurses attend, giving them confidence that the nurses meet competency requirements.”
Eligibility for Certification

A. Knowledge of breastfeeding and human lactation management as demonstrated by prerequisite criteria:

CLC certificate from ALPP indicating successful completion of the Certified Lactation Counselor Training Program offered by the Healthy Children Project

OR

IBCLC Certificate from IBLCE indicating that he/she has passed the IBLCE exam

AND

Current licensure as a Registered Nurse

B. Application of the Lactation Consultation Process in the development of lactation management strategies and care plans in the clinical setting as demonstrated by prerequisite criteria:

Certificate of completion from the Advanced Issues in Lactation Management course administered by Healthy Children Project.

C. Integration of a variety of approaches to the plan of care for breastfeeding and human lactation including:

- Relational Theory
- Archetypes of Female
- Identity Narrative Theory
- Kleinman’s approach to Cultural Competency
- Models of Growth and Development
- Role Assumption
Preparation for the ALPP ANLC Competency Verification

Certificants should first obtain an entry level knowledge certification in lactation consulting from IBLCE (IBCLC) or certification in lactation counseling from ALPP (CLC).

Opportunities for competency verification are presented during the course *Advanced Issues in Lactation Management* offered by the Healthy Children Project.

You must show proof that you are a Registered Nurse (RN) and a CLC or IBCLC when applying for competency verification.

After applicant has had all competencies successfully verified, ALPP will grant an ANLC certificate good for 3 years.
Application Information

ALPP will administer the ANLC competency certification throughout the year during the course *Advanced Issues in Lactation Management*. The dates will be published in advance. Seating at each venue is limited, and applications are accepted in order of remittance. To ensure availability, it is advised that applicant register for the course and demonstrate eligibility for the ANLC at least four weeks prior to the test date. ALPP reserves the right to cancel a competency verification location if there are insufficient applicants registered four weeks prior to the test date.

Applicants are further advised that attendance is mandatory as described in the course schedule. Applicants who arrive after the program begins, have more than 15 minutes of absence or who do not pass any of the competencies are encouraged to apply again, retake the course and verify their competency.

The ALPP examination fee is refundable (minus $50 processing fee) if the candidate notifies ALPP of his or her test site cancellation and refund request in writing 10 business days prior to the examination date. A candidate who does not request a refund by this deadline and does not sit for the exam forfeits all fees.

Registration for the prerequisite course(s) and examination are submitted directly on Healthy Children Project’s Center for Breastfeeding website.
Eligibility Appeal Policy

If an application is not accepted by ALPP due to a lack of required certification, inability to verify RN status or due to disciplinary status as an RN, IBCLC or CLC, the applicant may appeal this action in writing to the National Board of Advanced Lactation Consultants (NBALC). The request must be received at least 30 days before the date of the requested competency verification. Applicants are responsible for demonstrating that the appeal should be granted. All such appeals will be reviewed by the NBALC. The NBALC will notify the applicant of its decision. The decision of the NBALC shall be final.
ANLC Competency Verification Procedures

ANLC competency verification is embedded in the *Advanced Issues in Lactation Management* course which lasts five days and is offered in various locations throughout the United States.

After receiving confirmation of eligibility, the applicant should assemble a packet of items to bring to the verification, including:

- An official picture identification (driver’s license, employee ID tag, passport etc.) to verify identity.
- Foreign language dictionary if candidate’s first language is not English.
- Snacks, water, tissues glasses or contact lenses, etc., as needed for comfort.
- Reference books on breastfeeding and human lactation. Neonatal sized stethoscope
- Penlight

Please familiarize yourself with the following rules for the competency verification process:

1. Put your name on all of your paperwork.

2. At the end of the course and competency verification process, you will be asked to complete the Examinee Statement and Critique. They will be distributed to you during the course. Wait to complete the Examinee Statement and the Examination Critique until all of you competency verifications have been completed.

3. The ANLC competency verification consists of developing a plan of care for at least 4 breastfeeding and human lactation cases that will be presented during the course as well as a multiple choice exam administered on the final day of the course. You will be given specific directions at the beginning of the course and each competency verification assignment.

4. To receive ANLC certification, the examinee must pass all 4 competency verification assignments which are scored “Passed” or “Needs to Repeat”. The areas of competency of each assignment vary from 2 to 6. A score of 76 is considered “passing” on the multiple choice exam and a score of 74 is considered passing on the LAT (Video Competency Assessment).
5. The plan of care is recorded on the competency checklist. Competencies are validated by a randomly selected peer and reviewed by the faculty.

6. Use blue pen to complete your plan of care. If you desire to change an answer already marked, please strike the words through completely and initial the change. A # 2 pencil is used to mark answers on the exam score sheets.

7. Competency verification content is confidential, therefore, copying care plans and/or discussing the competencies with others during or following the verification process unless directed to by the faculty mentors is strictly prohibited. Any attempt to do so will disqualify the examinee for certification and result in automatic failure of the examinee.

8. Faculty mentors are available to review concepts, clarify the content and answer questions related to the competencies before validation begins.

9. Any disruptive behavior detected during the course is cause for immediate action (disqualification, etc.) by the faculty.

10. Smoking is not permitted in the program room.

11. Cell phones and/or pagers, or any device that may be disruptive must be turned off or switched to a noiseless setting.

12. If English is not your first language, a translation dictionary is allowed.

13. Removal of any unauthorized material from the site will disqualify you from ANLC certification, and future certification, and result in automatic failure.

14. After your competency validation, the faculty will collect your materials and return them to the Academy.

15. The Academy will review the faculty checklists your materials and notify you by mail of your ANLC certification within six to eight weeks of their receipt at the national office. Do not call the Academy for results. Results are not available over the phone.
Content Areas for ANLC Competency Verification

The ANLC is able to competently develop and implement an individualized and collaborative plan of care for the breastfeeding dyad that acknowledges physical, psychosocial and cultural approaches to lactation management and integrates the mother’s goals and the infant’s abilities.

Competency Verification for the ANLC certification may include the following Chronological Periods:

1. Prenatal
2. Labor/birth/1-2 days
3. Prematurity
4. 3-14 days
5. 15-28 days
6. 1-3 months
7. 4-6 months
8. 7-12 months
9. Beyond 12 months.

Competency Verification for the ANLC certification may include the following Topic Areas:

A. Long term breastfeeding
B. Maternal and infant nutrition
C. Nipple and breast problems
D. Latch-on and positioning for breastfeeding
E. Milk supply, formula supplementation
F. Commercial products (pumps, feeders etc.) and techniques for their use
G. Weaning
H. Special circumstances, maternal and infant
Competency Administration and Scoring

The competency verification for the ANLC was set by a panel of judges, which included subject matter experts with a variety of credentials and degrees. The group of experts reviewed each competency and method validation according to criteria established by ANCC.

After each competency is documented by the applicant, it is reviewed and validated by a randomly selected peer who scores the competency as met or not met on the competency checklist. The checklist is then reviewed by the faculty who determines if the competency was passed or needs to be repeated. After the competency checklist is scored, each candidate’s checklists and other material will be submitted to ALPP who will send a report to the candidate indicating whether he or she has passed all of the competencies.

Passing all of the components on the 4 checklists results in a certificate designating that the certificant has met all requirements for certification. The cover letter also includes information about maintaining the certification.

The “Needs to Repeat” report lists the participant score and reports the content areas that need improvement. Information on reapplying is included.

If a candidate receives a “Needs to Repeat” score, he or she may retake the course and competency validation up to three times within one year at the cost of $100.00, providing that there is space available in other courses.
Verification of Scores

Candidates with reason to believe a discrepancy exists in the scoring or reporting of their competency checklists or materials may request a re-examination of their documentation. A candidate’s competency checklists and materials will be inspected. Requests for re-examination of competency documentation must be received no later than 30 days following release of results. Requests received beyond this time period will not be processed.
Expectations of Certified Individuals

Develop nursing plans of care which:

- Construct and maintain conditions predisposing mothers and babies to an uncomplicated breastfeeding experience by following accepted guidelines
- Monitor and evaluate behavioral, cultural and social conditions predisposing mothers and babies to an uncomplicated breastfeeding experience
- Assess for, monitor and evaluate physical conditions predisposing mothers and babies to a complex breastfeeding experience
- Monitor and evaluate behavioral, cultural and social conditions predisposing mothers and babies to complex breastfeeding experiences
- Use counseling skills and techniques that are supportive to breastfeeding mothers and babies and enhance the mother’s confidence
- Provide information appropriate to the mother’s concern
- Build upon conceptual models of care
- Coordinate care consistent with standards of professional ethics and behavior
Certification Code of Ethics

Those persons certified under the ALPP ANLC Certification Program are expected to demonstrate the highest ethical and moral behavior standards for the discipline. To this end, ALPP has adopted the following Code of Ethics for its Certification Programs. ALPP certificants shall adhere to the following:

- Provide to all persons truthful and accurate information with respect to the professional performance of duties.
- Maintain the highest standards of personal conduct practicing within the legal constraints of the individual’s scope of practice to bring credit to the lactation field.
- Promote and encourage the highest level of ethics within the profession.
- Refer clients to appropriate medical and other resources for issues beyond the certificant’s scope of practice.
- Recognize and discharge by responsibility, to uphold all laws and regulations relating to ALPP policies and activities.
- Maintain strict client confidentiality.
- Strive for excellence in all aspects of the field.
- Use only legal and ethical means in all activities.
- Protect the public against fraud and unfair practices and attempt to eliminate all practices that bring discredit to the profession.
- Demonstrate respect for every professional within the field by clearly stating and consistently performing at or above the standards acceptable to the field.
- Make a commitment to increase professional growth and knowledge by attending appropriate educational and training programs.
- Contribute knowledge to professional meetings and journals to raise the consciousness of the field.
- Maintain the highest standards of safety and any other responsibilities.
- When providing services or products, maintain in full force adequate or appropriate insurance.
- Cooperate with professional colleagues, suppliers and employees to provide the highest quality service.
- Extend these same professional commitments to all those persons supervised or employed.
- Strive to abide by the International Code of Marketing of Breast Milk Substitutes.
- Subscribe to ALPP’s Code of Ethics.
- Avoid discrimination against other individuals on the basis of race, creed, religion, gender, sexual orientation, age, national origin, disability or any other characteristic protected by law.
- Refuse any gift, favor, or hospitality from patients or clients currently in her/his care that might be interpreted as seeking to exert influence to obtain preferential consideration.
• Disclose any financial or other conflicts of interest in relevant organizations providing goods or services. Ensure that professional judgment is not influenced by any commercial considerations.

• Obtain maternal consent to photograph, audiotape, or videotape a mother and/or her infant(s) for educational or professional purposes.

• Understand, recognize, respect, and acknowledge intellectual property rights, including but not limited to copyrights (which apply to written material, photographs, slides, illustrations, etc.), trademarks, service marks, and patents.

Disciplinary action, up to and including permanent revocation of the credential may be taken if certificants are found to be in violation of any of the aspects of the code of ethics.
Length of Certification

In recognition of the fact that scientific and social knowledge about breastfeeding and human lactation is continually evolving, certificants are required to obtain a minimum of 25 hours of continuing education in the area of breastfeeding and human lactation every three years. Evidence-based breastfeeding practice requires constant reading, evaluation, and dialogue with peers and mentors. It is in the best interests of all health care providers to seek every opportunity for continuing education and professional growth. Certificants who do not provide adequate proof of 25+ hours of appropriate continuing education will not receive a renewed certificate.

Certificants receive a certificate that is valid for a period of 3 years, rounded to either June 30 or December 31, depending on the date of examination. Certified Advanced Lactation Consultants must adhere to the ALPP Code of Ethics. Every three years ANLC’s must recertify by submitting proof of 25+ contact hours of evidence based continuing education and pay the recertification fee. ALPP certificants will be required to review and attest that they have adhered to the Code of Ethics when they submit their recertification. Non-payment of recertification fees or non-submission of proof of continuing education will result in revocation of certificant’s certification credentials by ALPP. Certificants who miss the recertification date may recertify by retaking a course and the competency verification.
Certification Credentials

Upon successfully passing the ANLC competency verifications, the candidate will be designated as an Advanced Nurse Lactation Consultant by ALPP. This is the only route to obtaining the ANLC designation from ALPP.

The ALPP Certification is granted to an individual; therefore, he or she, not the company, retains the credential as long as he or she maintains the continuing education and other recertification requirements for the credential. In marketing materials and other documentation, companies are allowed to identify that they have ALPP certificants on staff; however, materials should not indicate that the company is “ALPP Certified.”

Miscommunication by any individual of his or her level of achievement may result in disciplinary action by the ANLC Board of ALPP up to and including permanent revocation of certification credentials.

If desired, ANLC certification may be abbreviated on business cards, letterhead and other documents as: Individual’s Name, ANLC.
Continuing Certification Requirements

Prior to the conclusion of a 3 year cycle, ALPP certificants must be able to provide documentation of completion of at least 25 contact hours of evidence based continuing education units acceptable to the ANLC Committee. ALPP certificants who do not have the required continuing education hours must take and pass the competencies to be eligible to maintain their certification for an additional 3 years.

In order to renew, you must submit a completed application for renewal of certification and documentation of 25 or more hours of continuing education specific to breastfeeding completed in the 3 years following receipt of your certificate.

Approved continuing education offerings are ones that focus on evidence based breastfeeding research, updated management training, advocacy, practice, counseling, promotion, protection, and/or support. “Breastfeeding,” “lactation,” or “human milk” must appear in the title of the offering, or a specific talk within a larger offering. All offerings bearing IBLCE “L” and “E” category CERP’s count towards the 25 hour requirement (however IBLCE category “R” CERP’s may not be used for this purpose). You may use breastfeeding self-study modules that grant continuing education for this purpose as well.

You must list your continuing education credits on your application, including date of program, program name, and relevant hours and sponsoring agency. Your certificate(s) must be attached to your application.

A random number of ALPP certificants will have their continuing education hours audited. ALPP certificants must verify that they have completed the required continuing educational hours by submission of certificates of completion in order to maintain their certification.

Confidentiality

Confidentiality Statement

The Academy of Lactation Policy and Practice believes all candidates have the right to confidentiality of their results. Competency verification results will not be disclosed to anyone other than the certificant unless ALPP receives a written request to do so from the candidate or is directed to do so by subpoena or court order. Results will not be given over the phone.
Expressed Consent to Share Information

It is the responsibility of Exam Administrative Staff at the Academy of Lactation Policy and Practice to ensure that consent is obtained in writing before sharing any information about an examinee’s results and state of certification with anyone other than the examinee. This can be obtained by asking the examinee to sign the ‘ALPP Release of Exam Results’, which is available upon request and can be downloaded from the website. Examinees are not necessarily required to give blanket agreement for information to be shared. Candidates must also indicate in writing which competency verification date may be disclosed and identify the specific person or organization to whom the scores should be revealed. When an agency has its own Release form, this may be an acceptable substitute for the Academy of Lactation Policy and Practice form. If an examinee chooses not to give consent for information to be shared, this decision will be respected, except where issues of safety or legality apply. However, the examinee should understand this may limit the kinds of support that are open to them.

*ALPP reserves the right to release competency verification results to employers who paid for a participant to take the ALPP ANLC Verification. The employer must submit a letter on agency letterhead stating that they sent the participant to complete the training, and that the employer paid for the participant’s competency verification. The letter must include contact information stating the employer’s (agency) name and individual contact person, phone number and address for ALPP to send requested information. Results will only be released via mail or fax.
Data Protection

The Academy of Lactation Policy and Practice maintains examinee records. Staff of the Academy of Lactation Policy and Practice whose duties include the handling of personal data are required to observe and maintain the confidentiality of examinees. All computers and servers are protected by password and offices by alarm systems.

Confidentiality

Each semester, the Academy of Lactation Policy and Practice Board of Advanced Lactation Consultants evaluates the competencies that are validated and may change or omit past competencies.

It is unethical for anyone to divulge any competencies from the ALPP ANLC competency checklist or to request information about specific competencies from previous examinees.
Practice and Disciplinary Procedures

Practice and disciplinary procedures of ALPP are intended to assist and inform ALPP certificants and candidates for certification of the ALPP ethical code relative to conduct and disciplinary procedures. It is expected that an ALPP certificant or candidate for certification agree to refrain from the following proscribed activities, the violation of which may result in the denial of certification application or revocation of certification credentials or other disciplinary action:

- Engaging in irregularity in connection with the certification verification;
- Unauthorized possession, use, access, or distribution of certification checklists or other documents;
- Material misrepresentation or fraud in any statement to ALPP or to the public, including but not limited to statements made to assist the applicant, certificants, or another applying for, obtaining, or retaining certification;
- Gross or repeated negligence in professional work;
- The conviction of or plea of guilty to a felony or misdemeanor which is directly related to the practice of lactation counseling;
- Failure to adhere to the eligibility requirements for certification candidacy or continuing certification requirements or the Certification Code of Ethics.

DISCIPLINARY PROCESS

The ANLC Board shall consider alleged violations of any ALPP Certification application, rule or any other challenges to the certification process.

An ANLC Board member may not serve in any situation in which his or her impartiality or the presence of an actual or apparent conflict of interest might reasonably be questioned. A quorum consists of three members, and action shall be determined by a majority vote. The ANLC Board shall determine the rules for its meetings and actions.

REVIEW PROCESS

Whenever ALPP receives allegations of a violation of a disciplinary rule or rules, such allegations will be transmitted to the ANLC Board. If the ANLC Board determines that no good cause exists to question eligibility or compliance with the Disciplinary Rules or other rules, no adverse action shall be taken. If the ANLC Board determines by a majority vote that good cause does exist, it shall notify the applicant or certificant of the alleged violation and Disciplinary Rule allegedly violated, and shall also include a recitation of rights and procedures. Sanctions may be imposed by the ANLC Board if the allegations are determined to be true and a violation of the Disciplinary or other Rules.

The applicant or certificant shall have the right to an oral hearing if he or she disputes the truthfulness of the allegations and the individual will be notified that he or she must bear his
or her own expenses in connection with any such hearing. Individuals must notify the ANLC Board within 15 days of receipt of the notification if they wish to dispute the allegations, request an oral hearing or comment regarding appropriate sanctions. If the applicant or certificant fails to respond, the allegations will be taken as true by the ANLC Board.

The applicant or certificant will be deemed to consent to the imposition of sanctions by the ANLC Board if he or she does not dispute the truthfulness of the allegations.

HEARING

If an applicant or certificant disputes the allegations or requests a hearing, the ANLC Board shall schedule a hearing. The ANLC Board and the applicant or certificant (both of whom may be represented by counsel) may make opening statements, present documents and testimony, examine and cross-examine witnesses under oath, make closing statements and present written briefs as scheduled by the ANLC Board. The ANLC Board shall determine and apply evidentiary rules. Relevant evidence may be submitted. Disputed questions shall be determined by majority vote of the ANLC Board.

SANCTIONS

Sanctions for violating ALPP Application, Certification or Disciplinary Rules may include, but shall not be limited to, one or more of the following:

- Denial or suspension of eligibility;
- Revocation;
- Censure;
- Reprimand;
- Suspension;
- Training or other corrective action;
- Reports; and
- Conditions relating to the above.

APPEAL

The applicant or certificant may appeal to the ALPP Board of Oversight regarding a final decision of the ANLC Board. An appeal must be filed within 30 days of the applicant’s certificant’s receipt of the decision. The ANLC Board may file a written response to the appeals statement of the applicant or certificant. The ALPP Board of Oversight shall render a decision on the record without oral hearing, although written briefing may be submitted. The Decision of the ALPP Board of Oversight shall be final.

DECISIONS

The decisions of the ANLC Board and/or ALPP Board of Oversight shall be rendered in writing. The decision shall contain factual findings, conclusions and any sanctions applied.
The decision shall be transmitted to the applicant or certificant by certified mail or tracked courier, return receipt requested.

RELEASE OF INFORMATION

The individual applicant or certificant authorizes ALPP, the ANLC Board and their agents to communicate all information regarding disciplinary procedures relating to the application, certification and review thereof to state and federal authorities, employers, other applicants and ALPP certificants, educational programs and others by means of newsletter or otherwise.

WAIVER

The individual releases, discharges and exonerates ALPP, its officers, directors, employees, committee members, agents, the ANLC Board, all other ALPP personnel and any person furnishing documents, records and other information relating to eligibility, certification or recertification from any and all liability of any nature and kind arising out of the furnishing or inspection of documents, records and other information and any investigation, evaluation and communications made by ALPP.

SUBMISSION OF INFORMATION TO ALPP

Persons concerned with possible violations of ALPP Certification rules shall identify the persons alleged to be involved and the facts concerning the alleged conduct in as much detail and specificity as possible with available documentation in a written statement addressed to ALPP. The statement must include the name, address and telephone number of the person making the statement and others who may have knowledge or facts concerning the alleged violation.

By submitting an application for certification as an ALPP certificant and/or sitting for an ALPP examination, each applicant agrees to be bound by the foregoing ALPP Certification Practice and Disciplinary and Procedures.
Record Keeping

Record Storage System

ALPP has established and maintains an electronic record storage system that assures confidentiality and easy retrieval of records by authorized individuals. Passwords are used on all computer programs, and the server is kept in a locked room. In order to respond to participant needs for certification or any descriptions of activities, electronic records are to be maintained for a period of at least seven years, with the intention of indefinite preservation. Candidate records are kept updated with their current status.

Envelopes containing all required physical materials from competency verification sites are collected by the registrar, including sign-in sheets, competency checklists and other materials as well as “Needs to Repeat” letters with explanations. These envelopes are filed according to dates with activities presented from January 1-June 30 in one container and activities presented July 1-December 31 in another container. The containers are clearly labeled as to dates and contents. These containers are stored in a locked storeroom. The Administrative Director and registrar have keys to the storeroom. Physical attendance records are stored for a period of seven years.

Procedure

Registrations with their fee are received through the mail by the administrative assistant at ALPP’s office. The records of participants registering at the door are collected by the proctors and given to the registrar following each offering.

Each participant who registers ahead of time receives written confirmation of his/her registration through the mail or via email. The registrations for each ANLC competency verification location are filed together. Prior to the activity, the administrative assistant alphabetizes the names of the participants and types a class list and name tag for each person who is pre-registered. The faculty take a copy of the class list to the site of offering.

Participants must show a picture ID, validated by the faculty, and sign in. A faculty member from their course must verify attendance and completion of training course and competency verifications. Persons registering at the door show their ID, pay the fee and have their names added to the competency verification list.

The administrative assistant files the class list with all signatures in an envelope, which is clearly marked with the location and date.

The envelopes are then placed in storage containers by the date of the verification. All educational activities presented from January 1-June 30 of each year are placed together. All educational activities presented from July 1-December 31 are placed together. The containers are clearly labeled.
Appendix 1: Applications & Forms
ALPP Application for Competency Verification: Advanced Nurse Lactation Consultant (ANLC)

Name

Home Address

City  State  Zip

Credit Card Billing Address

Credit Card Billing City/State/Zip

Daytime Phone

Email Address

<table>
<thead>
<tr>
<th>Description</th>
<th>Price</th>
<th>Subtotal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification Application Fee- Advanced Nurse Lactation Consultant</td>
<td>$100</td>
<td></td>
</tr>
<tr>
<td>Location: _______________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date: ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Amount Enclosed

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644
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

Make sure to include a copy of:

____ Current RN License

____ Certificate of completion of CLC or Date & Location of CLC

____ Certificate of completion for Advanced Issues in Lactation Course or Date & Location

Send completed application to:

Academy of Lactation Policy and Practice

Dept. Recertification – ANLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070
ALPP Application for Renewal of Certification: Advanced Nurse Lactation Consultant (ANLC)

Name

Home Address

City  State  Zip

Credit Card Billing Address

Credit Card Billing City/State/Zip

Daytime Phone

Email Address

<table>
<thead>
<tr>
<th>ANLC Recertification Fee Schedule</th>
<th>Price</th>
<th>Check one</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Recertification- completed application packet is received at least 2 months prior to expiration</td>
<td>$102</td>
<td></td>
</tr>
<tr>
<td>Regular Recertification- completed application packet is received between 2 months prior to expiration date and actual expiration date</td>
<td>$126</td>
<td></td>
</tr>
<tr>
<td>Late Recertification- completed application packet is received within 3 months following the expiration date</td>
<td>$176</td>
<td></td>
</tr>
<tr>
<td>Total Amount Enclosed</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Recertification – ANLC
PO Box 1288
Forestdale, MA 02644
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

_____ MAKE SURE TO INCLUDE A COPY OF CURRENT RN LICENSE

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.

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Recertification – ANLC
PO Box 1288
Forestdale, MA 02644

OR fax to: (508)-833-6070
Name

<table>
<thead>
<tr>
<th>Date of Program</th>
<th>Program Name</th>
<th>Relevant Hours</th>
<th>Sponsoring Agency</th>
<th>Certificate Attached</th>
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Attach all certificates. **Include copy of current RN license.** 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.
Page 3/4

**Send completed application to:**

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070
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 ANLC credential.

Signature:

________________________

Date:

________________________

Send completed application to:

Academy of Lactation Policy and Practice

Dept. Recertification – ANLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070
ALPP Petition to Accept Continuing Education Credits for Lapsed CLC/IBCLC Certification: Advanced Nurse Lactation Consultant (ANLC)

<table>
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<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Home Address</td>
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<td>City</td>
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<tr>
<td>Credit Card Billing Address</td>
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<tr>
<td>Credit Card Billing City/State/Zip</td>
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<tr>
<td>Daytime Phone</td>
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<tr>
<td>Email Address</td>
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<tr>
<td>Certification Expiration Date</td>
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</table>

_______ CLC    ________IBCLC    (Check One)

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC

PO Box 1288
Forestdale, MA 02644

OR fax to: (508)-833-6070
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Attach all certificates. **Include copy of current RN license.** 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.

Page 2/3

**Send completed application to:**

Academy of Lactation Policy and Practice
Dept. Recertification – ANLC
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
Affidavit of Continuing Education

(Signature required)

I understand that I may petition ALPP if my lapsed certification is within the recertification period (3 years for CLCs, 5 years for IBCLC’s). I attest that I have completed the required hours of continuing education (18 hours for CLCs, 75 hours for IBCLCs) as I have stated in this application. I understand this does not reinstate my lapsed CLC or IBCLC certification. I understand and agree that any false information provided by me may result in revocation of my certificate of added qualification.

Signature:

____________________________

Date:

____________________________

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC

PO Box 1288
Forestdale, MA 02644

OR fax to: (508)-833-6070
ALPP Change of Contact Information Form: Advanced Nurse Lactation Consultant (ANLC)

<table>
<thead>
<tr>
<th>Name</th>
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</thead>
<tbody>
<tr>
<td>ALPP ID Number</td>
</tr>
<tr>
<td>Date of ANLC Certification</td>
</tr>
<tr>
<td>Location of ANLC Examination</td>
</tr>
</tbody>
</table>

**Previous Home Address**

<table>
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<tr>
<th>Home Address</th>
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<tbody>
<tr>
<td>City</td>
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**New Home Address**

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<tr>
<th>Home Address</th>
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<tr>
<td>City</td>
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**Previous Email Address**

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<th>Email</th>
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**New Email Address**

<table>
<thead>
<tr>
<th>Email</th>
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</thead>
</table>

**Previous Legal Name**

**New Legal Name (attach proof of name change)**

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
ALPP Request for Examination Re-Scoring: Advanced Nurse Lactation Consultant (ANLC)

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Home Address</td>
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<tr>
<td>City</td>
</tr>
<tr>
<td>Daytime Phone</td>
</tr>
<tr>
<td>Email Address</td>
</tr>
<tr>
<td>Date of ANLC Examination</td>
</tr>
<tr>
<td>Location of ANLC Examination</td>
</tr>
</tbody>
</table>

Please re-score my exam results from the ANLC Examination Location listed above. I understand that this request must be submitted within 30 days of the release of my original examination results. I can be contacted at the address listed above.

Submitted by:

Signature

Please print your name:

---

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
ALPP Request for Duplicate Certificate Form
$15.00

Advanced Nurse Lactation Consultant (ANLC)

Name

Home Address

City  State  Zip

Daytime Phone

Email Address

Date of ANLC Examination

Location of ANLC Examination

Method of Payment:
(Full payment required)

☐ Check or Money Order (Please make checks payable to ALPP)
☐ Charge my:  _____ MasterCard  _____ Discover
  _____ American Express  _____ VISA

List your credit number below:

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Expiration Date (Month /Year)  V Code*

[ ] [ ] [ ] [ ] [ ] [ ] [ ]

*3 numbers on back of card for MC/Visa/Discover; 4 numbers on front of card for AmEx

Billing address associated with the credit card, if different from above:

____________________________________________________________________________

Signature (as shown on credit card)

___________________________________________________

Page 1/1

Send to:
Academy of Lactation Policy and Practice
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
ALPP Application for Re-Taking Certification Exam
Advanced Lactation Consultant/Advanced Nurse Lactation Consultant (ALC/ANLC)

Name ___________________________________________________________

Home Address __________________________________________________

City __________________ State _______ Zip ______________

Credit Card Billing Address _________________________________________

Credit Card Billing City/State/Zip ________________________________

Daytime Phone ___________________________________________________

Email Address ___________________________________________________

Date of ALC/ANLC Examination ______________________________________

Location of ALC/ANLC Examination _________________________________

I would like to retake the course/exam at the following location (please see the website, www.alpp.org, for more information about locations and dates):

Location: ________________________________

Date: ________________________________

( ) I would like to retake the course and exam $100.00

( ) I would like to retake only the exam on Friday. $100.00

Send completed application to:
Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
Method of Payment (Full Payment Required)

- Check or Money Order (Please make checks payable to ALPP)
- Charge my: Visa/ MasterCard/Discover/American Express

List your credit number below:

Expiration Date (Month /Year)  V Code*

*3 numbers on back for MC/Visa/Disc; 4 numbers on front for AmEx

Signature (as shown on credit card)

*Please see the full refund policy for exam fees in the full ANLC Candidate Handbook.*
ALPP Release of Advanced Exam Results
Advanced Lactation Consultant/Advanced Nurse Lactation Consultant (ALC/ANLC)

Please make sure form is filled out completely and signed.

I, __________________________________________

Name of Examinee (Please Print Legibly)

____________________

ANLC Exam Location

____________________

Exam Date

Authorize the release of my Advanced Exam Results to

____________________________________

Name

____________________________________

Agency

__________________________________________________

Address

_______________________ ______ _________

City     State     Zip Code

_____________________

Phone     Fax

Page 1/2

Send to:
Academy of Lactation Policy and Practice
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
☐ Please mail my results to the above agency address.

☐ Please fax my results to the number listed above. It should be sent to the attention of: ____________________________.

☐ Please email my results to the attention of: ____________________________.

I specifically authorize the release of my ANLC Exam Results to the person/agency mentioned above.

__________________________
Examinee Signature

________________________ 
________________________
Date 	 	 Phone

For ALPP Use Only

The above mentioned examinee:

☐ Passed all Advanced competencies including the Exam on ____________ and is certified until ____________.

☐ Failed the Advanced Exam.

☐ Failed the Advanced Classroom Competencies.

☐ Failed the Advanced LAT

☐ No Advanced Exam Results on file.

☐ Certificate expired on: ____________________________

__________________________ 
________________________
ALPP Representative 	 	 Date

Page 2/2

Send completed application to:

Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC

PO Box 1288
Forestdale, MA 02644

OR fax to: (508)-833-6070
ALPP Special Testing Accommodation Request Form
Advanced Lactation Consultant (ANLC)

Name

Home Address

City     State     Zip

Daytime Phone

Email Address

Date of ANLC Certification

Location of ANLC Examination

Candidates with disabilities covered by the Americans with Disabilities Act (or Canadian/Australian equivalent) must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed.

**Special Testing Accommodations**

I would like to request the following testing accommodation(s):

- [ ] Circle answers in test booklet
- [ ] Extended testing time (time and a half)
- [ ] Large print test. Point size: ____
- [ ] Reader
- [ ] Separate testing area
- [ ] Special seating, please describe: ____________________________
- [ ] Wheelchair accessible testing site
- [ ] Other special accommodations (please specify): ____________________________

Send completed application to:
Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644

OR fax to: (508)-833-6070
Send completed application to:
Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
ALPP Documentation of Disability-Related Needs by Qualified Provider
Advanced Lactation Consultant (ANLC)

Name
Home Address
City State Zip
Daytime Phone
Email Address
Date of ANLC Certification
Location of ANLC Examination

This form must be completed by a licensed health care provider or an educational / testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations requested must be included.

Professional Documentation
I have known ___________________________ since _________ as a(n) _________________________________.

(Name of Applicant) (Date)

(Professional Title) (Board Certification)

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant’s disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability: ____________________________________________________________

__________________________________________________________________________________.

Page 3/4

Send completed application to:
Academy of Lactation Policy and Practice
Dept. Certification/Recertification ANLC
PO Box 1288
Forestdale, MA 02644
OR fax to: (508)-833-6070
Candidate Instructions: Return this form with a copy of the *Special Testing Accommodation Request Form*

Written accommodation requests may also be scanned and submitted via email to: info@alpp.org with the words: *Accommodation Request* in the subject line of the email.
ALPP Concerns & Complaint Submission Form: Advanced Nurse Lactation Consultant

Name

Home Address

City    State    Zip

Daytime Phone

Email Address

Date of ANLC Examination

Location of ANLC Examination

Please describe your concern or complaint. Include all relevant details. You may attach additional pages if necessary.

Submitted by: _____________________________________ Signature

Please print your name:

FOR ALPP USE ONLY

ALPP staff member responding: ______________________

Resolution:

__________________________________________________________

__________________________________________________________

DATE

Authorized ALPP Representative

Send to:

Academy of Lactation Policy and Practice

Complaints & Appeals – ANLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070