



ALPP
THE ACADEMY OF
**Lactation Policy
and Practice**

ALPP Application for Re-Taking Certification Exam Certified Lactation Counselor (CLC)

Name _____

Home Address _____

City _____ State _____ Zip _____

Credit Card Billing Address _____

Credit Card Billing City/State/Zip _____

Daytime Phone _____

Email Address _____

Date of CLC Certification _____

Location of CLC Examination _____

I would like to retake the course/exam at the following location (please see the website for more information about locations and dates, you have one year from the date of your original exam date to retake and pass the exam):

Location: _____ **Date:** _____

I would like to re-take the following exam (check all that apply):

- LAT exam (video section)
- Didactic exam (multiple choice)

Send to:

Academy of Lactation Policy and Practice

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070



ALPP
 THE ACADEMY OF
**Lactation Policy
 and Practice**

Method of payment:

(Cost: \$100 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:

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Expiration Date (Month /Year)

--	--	--	--

V Code*

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Signature (as shown on credit card)

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

PLEASE NOTE: All special testing accommodations must be requested at least 4 weeks prior to the examination date through the Academy of Lactation Policy & Practice.

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