Application for CLC Certification Exam

Alternate/Aggregate Pathways

Name:

Home Address:

City: State: Zip:

Credit Card Billing Address:

Credit Card Billing City/State/Zip:

Daytime Phone:

Email Address (where you would like all ALPP communications sent):

Highest level of education completed & degree:

Date of planned CLC Exam:

Location of planned CLC Exam:

Please Note: If you are using the Comprehensive Course Pathway you do not need to submit this application. The required documentation will be submitted for you by the training partner.
<table>
<thead>
<tr>
<th>Aggregate Pathway</th>
<th>Alternate Pathway</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certificate(s) or transcripts for educational course(s)</td>
<td>Transcript indicating completion of a CAAHEP approved, post-secondary, lactation consultant program</td>
</tr>
<tr>
<td>Academic content checklist</td>
<td>Counseling skills attestation</td>
</tr>
<tr>
<td>Counseling skills attestation</td>
<td>Applicant resume</td>
</tr>
<tr>
<td>Applicant resume</td>
<td>Resume(s) of Counseling Skills Attestation supervisor(s)</td>
</tr>
<tr>
<td>Resume(s) of Counseling Skills Attestation supervisor(s)</td>
<td>Candidate application statement</td>
</tr>
<tr>
<td>License type and number or transcript (proof you are a licensed health professional or hold a Bachelor’s degree or higher)</td>
<td></td>
</tr>
<tr>
<td>Candidate application statement</td>
<td></td>
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</table>

Send completed application to:

Academy of Lactation Policy and Practice

Dept Certification – CLC

PO Box 1288

Forestdale, MA 02644

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

Payment information

<table>
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<tr>
<th>Application Fee</th>
<th>$20</th>
</tr>
</thead>
</table>

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

Attach copies of all certificates, transcripts, forms, resumes, and other required documents. Keep a copy of your complete application for your records. Please allow up to six weeks for processing of application.

**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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