



**ALPP Change of Contact Information Form  
Certified Lactation Counselor (CLC)  
Certification**

Name \_\_\_\_\_  
ALPP ID Number \_\_\_\_\_  
Date of CLC Certification \_\_\_\_\_  
Location of CLC Examination \_\_\_\_\_

**Previous Home Address**

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**New Home Address**

Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Previous Email**

Email \_\_\_\_\_

**New Email**

Email \_\_\_\_\_

**Previous Legal Name**

\_\_\_\_\_

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

**Send to:**

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