



**ALPP Request for Duplicate Certificate Form
 \$15.00
 Certified Lactation Counselor (CLC)**

Name _____

Home Address _____

City _____ State _____ Zip _____

Daytime Phone _____

Email Address _____

Date of CLC Examination _____

Location of CLC 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)

Send to:

Academy of Lactation Policy and Practice

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070