ALPP
THE ACADEMY OF
Lactation Policy
and Practice

ALPP Application for Renewal of Certification

Certified Lactation Counselor (CLC) Certification

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

Payment Information

CLC Recertification Fee Schedule	**Price**	**Check One**
Early Recertification - completed application packet is received at least 2 months prior to expiration	$102	
Regular Recertification – completed application packet is received between 2 months prior to expiration date and actual expiration date	$126	
Late Recertification – completed application packet is received within 3 months following the expiration date	$176	
Total Amount Enclosed		

Send to:

Academy of Lactation Policy and Practice

Dept Recertification – CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070

ALPP
THE ACADEMY OF
Lactation Policy
and Practice

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*

_____

Signature (as shown on credit card)

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

Send to:

Academy of Lactation Policy and Practice

Dept Recertification – CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070

ALPP
THE ACADEMY OF
Lactation Policy
and Practice

Name

Date of Program	Program Name	Relevant Hours	Sponsoring Agency	Certificate Attached
	Total Relevant Hours			

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. It is your responsibility to prove you attended the training. Attach copies of all certificates. Please keep a copy for your records and print neatly. ALPP is not responsible for misdirected mail. Please allow up to six weeks for processing of recertification.

Send to:

Academy of Lactation Policy and Practice

Dept Recertification – CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070

ALPP
THE ACADEMY OF
Lactation Policy
and Practice

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 CLC credential.

Signature: _____

Date: _____

Send to:

Academy of Lactation Policy and Practice

Dept Recertification – CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070

ALPP
THE ACADEMY OF
Lactation Policy
and Practice

ALPP - *Optional Demographic Survey*

The information collected in this optional survey is for demographic purposes only. Our goal is to have the demographics of our Certified Lactation Counselors reflect the demographics of the United States. Your answers are completely confidential and will help us plan where to hold future courses and examinations.

NAME:

1. What is your gender?
☐ Female ☐ Male ☐ Other

2. What is your age range?
☐ 18 - 24 ☐ 25 - 34 ☐ 35 - 50 ☐ 50 +

3. How would you describe your ethnicity? (check all that apply)
☐ Non-hispanic White or Euro-American
☐ Black, Afro-Caribbean, or African American
☐ Latino or Hispanic-American
☐ American Native or Alaskan Native
☐ East Asian or Asian American
☐ South Asian or Indian American
☐ Middle Eastern or Arab American
☐ Native Hawaiian or other Pacific Islander
☐ Other: _____

4. What licenses and/or credentials do you hold? (check all that apply)
☐ MD/DO/DC ☐ RN ☐ IBCLC ☐ CLC ☐ APRN or NP
☐ RD/LD ☐ Nutritionist ☐ OT ☐ CNM ☐ CPM ☐ PA ☐ CMA ☐ CNA
☐ SLP ☐ LPN ☐ Doula ☐ Childbirth Educator ☐ Community Health Worker
☐ Massage Therapist ☐ Volunteer Breastfeeding Counselor ☐ Peer Counselor
☐ Social Worker ☐ Other: _____

5. What is the highest level of education you have received?
☐ Less than high school degree ☐ HS degree or edquivalent (GED)
☐ Some college, no degree ☐ Associate's degree
☐ Bachelor's degree ☐ BSN ☐ Graduate degree ☐ MPH

6. How long have you worked with mothers and babies?
☐ Never ☐ One year or less ☐ 1 - 5 years ☐ 6 - 10 years
☐ 11 - 15 years ☐ 16 - 20 years ☐ 20 + years

7. If you currently work with mothers and babies, which setting do you work in? (check all that apply)
☐ Hospital - Labor and Delivery ☐ Hospital - Postpartum ☐ Hospital - NICU ☐ Birth Center
☐ Clinic (Family Outpatient) ☐ OBGYN Clinic ☐ Hospital - Other: _____
☐ Pediatric Office ☐ Private Practice ☐ Health Department ☐ WIC
☐ Military ☐ Community Health ☐ Home Visiting ☐ IHS ☐ NFP
☐ Head Start / Early Intervention / Healthy Start ☐ Other: _____

Send to:

Academy of Lactation Policy and Practice

Dept Recertification – CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070