



## **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)

**I would like to attend the following course review (check one):**

- The Friday exam only (no course review)
- Wednesday and Thursday LAT review and the Friday exam
- The entire course (Monday through Friday) and the Friday exam

**Send to:**

Academy of Lactation Policy and Practice

PO Box 2170

South Dennis, MA 02660

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)

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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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