



ALPP Application for Re-Taking Certification Exam

Advanced Lactation Consultant/Advanced Nurse Lactation Consultant (ALC/ANLC)

Name _____

Home Address _____

City _____ State _____ Zip _____

Credit Card Billing Address _____

Credit Card Billing City/State/Zip _____

Daytime Phone _____

Email Address _____

Date of ALC or ANLC Examination _____

Location of ALC or ANLC Examination _____

I would like to retake the course/exam at the following location (please see the website, www.alpp.org, for more information about locations and dates):

Location: _____ Date: _____

I would like to re-take the following exam (check all that apply):

- Video competency assessment (practical section)
- Multiple choice (didactic section)

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

- I would like to retake the course and exam (\$100.00)
- I would like to retake only the exam on Friday (\$100.00)

Send completed application to:
 Academy of Lactation Policy and Practice
 PO Box 1288
 Forestdale, MA 02644
 OR fax to: (508)-833-6070



Method of Payment (Full Payment Required)

- Check or Money Order (Please make checks payable to ALPP)
- Charge my: Visa/ MasterCard/Discover/American Express

List your credit number below:

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Expiration Date (Month /Year)

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V Code*

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*3 numbers on back for MC/Visa/Disc; 4 numbers on front for AmEx

Signature (as shown on credit card)

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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