



ALPP Change of Contact Information Form: Advanced Lactation Consultant

Name

ALPP ID Number

Date of ALC Certification

Location of ALC Examination

Previous Home Address

Home Address

City

State

Zip

New Home Address

Home Address

City

State

Zip

Previous Email Address

Email

New Email Address

Email

Previous Legal Name

New Legal Name (attach proof of name change)

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Send completed application to:

Academy of Lactation Policy and Practice

Dept. Certification/Recertification ALC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070