



ALPP Release of Advanced Exam Results

Advanced Lactation Consultant (ALC)

Please make sure form is filled out completely and signed.

I, _____

Name of Examinee (Please Print Legibly)

ALC Exam Location

Exam Date

Authorize the release of my Advanced Exam Results to

Name

Agency

Address

City

State Zip Code

Phone

Fax

Send completed application to:

Academy of Lactation Policy and Practice

Department of Certification - ALC

PO Box 2170

South Dennis, MA 02660

OR fax to: (508)-833-6070



- Please mail my results to the above agency address.
- Please fax my results to the number listed above. It should be sent to the attention of: _____.
- Please email my results to the attention of: _____.

I specifically authorize the release of my ALC Exam Results to the person/agency mentioned above.

 Examinee Signature

 Date

For ALPP Use Only

The above mentioned examinee:

- Passed all Advanced competencies including the Exam on _____ and is certified until _____.
- Failed the Advanced Exam.
- Failed the Advanced Classroom Competencies.
- Failed the Advanced LAT
- No Advanced Exam Results on file.
- Certificate expired on: _____

 ALPP Representative

 Date

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