



ALPP Application for Renewal of Certification: Advanced Lactation Consultant (ALC)

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Home Address

\_\_\_\_\_  
 City State Zip

\_\_\_\_\_  
 Credit Card Billing Address

\_\_\_\_\_  
 Credit Card Billing City/State/Zip

\_\_\_\_\_  
 Daytime Phone

\_\_\_\_\_  
 Email Address

<b>ALC Recertification Fee Schedule</b>	<b>Price</b>	<b>Check one</b>
<b>Early Recertification-</b> completed application packet is received at least 2 months prior to expiration	\$102	
<b>Regular Recertification-</b> completed application packet is received between 2 months prior to expiration date and actual expiration date	\$126	
<b>Late Recertification-</b> completed application packet is received within 3 months following the expiration date	\$176	
<b>Total Amount Enclosed</b>		

**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



**Method of Payment**

(Full payment required)

\_\_\_ Check (Please make checks payable to ALPP)

\_\_\_ Money Order

Charge my:

\_\_\_ MasterCard \_\_\_ Visa \_\_\_ Discover

\_\_\_ American Express

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Credit Card number

\_\_\_\_\_/\_\_\_\_\_  
 \_\_\_\_\_

Exp. Date (month/year)      V Code\*

Signature (as shown on card) \_\_\_\_\_

\*3 numbers on back for V/MC/D, 4 numbers on front for Amex

*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 and it will be the responsibility of the applicant to prove that they attended the training.*

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**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 ALC credential.

Signature:

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Date:

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Page 4/4

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