



ALPP Request for Examination Re-Scoring: Advanced Lactation Consultant  
(ALC)

Name

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Home Address

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City

State

Zip

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Daytime Phone

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Email Address

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Date of ALC Examination

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Location of ALC Examination

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Please re-score my exam results from the ALC Examination Location listed above. I understand that this request must be submitted within 30 days of the release of my original examination results. I can be contacted at the address listed above.

Submitted by:

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Signature

Please print your name:

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Page 1/1

**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