



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

Name

Home Address

City

State

Zip

Daytime Phone

Email Address

Date of ALC Examination

Location of ALC Examination

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:

Signature

Please print your name above

Page 1/1

Updated 3-5-2021

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