



**ALPP Request to Rescore Examination Results  
Certified Lactation Counselor (CLC)**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Credit Card Billing Address \_\_\_\_\_  
Credit Card Billing City/State/Zip \_\_\_\_\_  
Daytime Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Date of CLC Certification \_\_\_\_\_  
Location of CLC Examination \_\_\_\_\_

Please re-score my exam results from the CLC Examination Location listed above. I can be contacted at the address listed above.

Submitted by: \_\_\_\_\_ Signature

Please print your name: \_\_\_\_\_

**Send to:**

Academy of Lactation Policy and Practice

Re-scoring - CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070