



ALPP Change of Contact Information Form: Certified Lactation Counselor® (CLC®)

Name

ALPP ID Number

Date of CLC Certification

Location of CLC Examination

Previous Home Address

Home Address

City

State

Zip

New Home Address

Home Address

City

State

Zip

Previous Email Address

Email

New Email Address

Email

Previous Legal Name

New Legal Name (attach proof of name change)

Send completed application to:

Academy of Lactation Policy and Practice

Department of Certification

PO Box 2170

South Dennis, MA 02660

OR fax to: (508)-833-6070