



**ALPP**  
THE ACADEMY OF  
**Lactation Policy  
and Practice**

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

Name

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Home Address

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City State Zip

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Credit Card Billing Address

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Credit Card Billing City/State/Zip

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Daytime Phone

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Email Address

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Date of CLC Certification

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Location of CLC Examination

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

Signature:

Please print your name:

**Send to:**

Academy of Lactation Policy and Practice

Re-scoring - CLC

PO Box 2170

South Dennis, MA 02660

OR fax to: (508)-833-6070