



**Candidate Application Statement**

All candidates must sign the following Candidate Application Statement and agree to all policies, procedures, and terms and conditions of certification in order to be eligible for the certification. The statement follows.

I hereby apply for certification as an Academy of Lactation Policy and Practice Certified Lactation Counselor. I understand that my certification depends on my ability to meet all requirements and qualifications. I certify that the information contained in this application is true, complete, and correct to the best of my knowledge and is made in good faith. I understand that ALPP may need to gather additional information to clarify or supplement this application and I agree to supply it. I further understand that if any information is later determined to be false, ALPP reserves the right to revoke any certification that has been granted on the basis thereof.

Each candidate and CLC Certificant shall maintain the confidentiality of all CLC Examination questions and shall not request information about CLC Examination questions from previous candidates or CLC Certificants.

I hereby release, discharge, and exonerate ALPP, its directors, officers, members, examiners, representatives, and agents, from any actions, suits, obligations, damages, claims or demands arising out of, or in connection with, any aspect of the application process including results or any other decision that may result in a decision to not issue me a certificate.

Name \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To ensure the integrity of the Certified Lactation Counselor examinations, all candidates must sign the CLC Examination Rules and Instructions statement at the time of their exam as well as the ALPP Code of Ethics for Certified Lactation Counselors.

**Send completed application to:**

Academy of Lactation Policy and Practice

Dept Certification – CLC

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070