



ALPP Application for Re-Taking Certification Exam

Advanced Lactation Consultant/Advanced Nurse Lactation Consultant (ALC/ANLC)

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_

Credit Card Billing City/State/Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Date of ALC or ANLC Examination \_\_\_\_\_

Location of ALC or ANLC Examination \_\_\_\_\_

I would like to retake the course/exam at the following location (please see the website, [www.alpp.org](http://www.alpp.org), for more information about locations and dates):

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

**I would like to re-take the following exam (check all that apply):**

- Video competency assessment (practical section)
- Multiple choice (didactic section)

**I would like to attend the following (check one):**

- I would like to retake the course and exam
- I would like to retake only the exam on Friday

**Send completed application to:**  
 Academy of Lactation Policy and Practice  
 PO Box 2170  
 South Dennis, MA 02660  
 OR fax to: (508)-833-6070



**Method of Payment (Full Payment Required)**  
**\$100.00**

- Check or Money Order (Please make checks payable to ALPP)
- Charge my: Visa/ MasterCard/Discover/American Express

List your credit number below:

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Expiration Date (Month /Year)

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V Code\*

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\*3 numbers on back for MC/Visa/Disc; 4 numbers on front for AmEx

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Signature (as shown on credit card)

*PLEASE NOTE: All special testing accommodations must be requested at least 4 weeks prior to the examination date through the Academy of Lactation Policy & Practice.*

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