

**ALPP  
Request for  
Examination  
Re-Scoring**

**Advanced  
Lactation  
Consultant (ALC)  
or  
Advanced Nurse  
Lactation  
Consultant  
(ANLC)**

**Send to:**  
Academy of Lactation  
Policy and Practice  
Re-Scoring - CLC  
PO Box 1288  
Forestdale, MA  
02644

**Customer  
Service**  
Phone  
508 833-1500  
Fax  
508 833-6070

---

Name

---

Home Address

---

City State Zip

---

Daytime Phone

---

Email address

---

Date of ALC / ANLC Examination

---

Location of ALC / ANLC Examination

---

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

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

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