

**ALPP  
Application for  
Re-Taking  
Certification  
Exam**

**Certified  
Lactation  
Counselor (CLC)**

**Send to:**

Academy of Lactation  
Policy and Practice  
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 Original CLC Certification		
Location of Original CLC Certification		

**Certified Lactation Counselor**

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

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

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

- ( ) I would like to retake the course and exam \$20.00
- ( ) I would like to retake only the LAT on Thursday. \$20.00
- ( ) I would like to attend on Wednesday to review the LAT skills and retake only the LAT on Thursday. \$20.00
- ( ) I would like to retake only the exam on Friday. \$20.00

Method of payment:  
(Full payment required.)

- Check or Money Order
- Charge my: \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover  
\_\_\_\_\_ American Express \_\_\_\_\_ VISA

List your credit number below:

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Expiration Date (Month /Year)

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VCode\*

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\_\_\_\_\_  
Signature (as shown on credit card)

\* The VCode is the three number code on the back of your MC/Visa/Discover card or four number code on the front of your American Express.