ALPP
Application for Renewal of Certification

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Certified Lactation Counselor (CLC)

Send to:

Academy of Lactation
Policy and Practice, Inc.
Dept Recertification - CLC
PO Box 1288
Forestdale, MA
02644

Customer Service

Phone
508 833-1500
Fax
508 833-6070

Please make check payable to ALPP

Please fill out continuing education information on back.

Name

Home Address

City State Zip

Credit Card Billing Address

Credit Card Billing City/State/Zip

Daytime Phone

Date of CLC Certification

Location of CLC Certification

Payment Information

	Description	Price	Subtotal
	CLC Recertification		
	Regular Recertification Fee (if completed recertification packet will be received within the two months prior to expiration)	$126.00	
	Early Recertification Fee (if completed recertification packet will be received more than two months before expiration)	$102.00	
	Total Amount Enclosed		

Method of payment:
(Full payment required.)

- ❑ Check or Money Order
- ❑ Charge my: _____ MasterCard _____ Discover _____ American Express _____ VISA

List your credit number below:

Expiration Date (Month /Year)

V Code*

_____

Signature (as shown on credit card)

*3 numbers on back of card for MC/Visa/Discover; 4 numbers on front of card for AmEx

Please make sure your name appears on all certificates.
If your name was not printed on the certificate for you, please write it in. Any certificate received without a name will be considered invalid, and it will be the responsibility of the applicant to prove that they attended the training.

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Affidavit of Continuing Education
(signature required)

I attest that I have completed the required hours of continuing education as I have stated in this application. I understand and agree that any false information provided by me may result in revocation of my certificate of added qualification.

Signature:

_____

Date: _____

Phone
508 833-1500
Fax
508 833-6070

Name _____

Date of Program	Program Name	Relevant Hours	Sponsoring Agency	Certificate Attached
	Total Relevant Hours			

Print neatly. Fill out all required information.
Attach copies of all certificates.
Keep a copy of your application for your records.
Sign the Affidavit of Continuing Education.
ALPP is not responsible for misdirected mail.

Please allow up to six weeks for processing of recertification.