

**ALPP  
Request for  
Examination  
Re-Scoring**

**Certified  
Lactation  
Counselor (CLC)**

**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

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Name

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Home Address

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City State Zip

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Daytime Phone

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Date of CLC Examination

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Location of CLC Examination

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

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

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