

**ALPP
Application for
Certification
Exam**

**Certified
Lactation
Counselor (CLC)**

Send to:
Academy of Lactation
Policy and Practice
Dept Certification - CLC
PO Box 1288
Forestdale, MA
02644

**Customer
Service**

Phone
508 833-1500
Fax
508 833-6070

Please make check
payable to
ALPP

Name

Home Address

City State Zip

Credit Card Billing Address

Credit Card Billing City/State/Zip

Daytime Phone

Payment Information

	Description	Price	Subtotal
	CLC Exam Registration		
	Certification Exam Fee – Certified Lactation Counselor	\$20.00	
	Location: _____		
	Date: _____		
	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:

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Expiration Date (Month /Year)

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VCode (on back of card)

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Signature (as shown on credit card)