

**ALPP
Application for
Name or
Address Update**

**Certified
Lactation
Counselor (CLC)**

Send to:

Academy of Lactation
Policy and Practice
Dept Name/Address
Update - CLC
PO Box 1288
Forestdale, MA
02644

**Customer
Service**

Phone
508 833-1500
Fax
508 833-6070

Name

Address Change

Former Home Address

City State Zip

New Home Address

City/State/Zip

Daytime Phone

Date of CLC Certification

Location of CLC Certification

Name Change

Former Name

New Name

Signature: