



**ALPP Release of Exam Results  
 Certified Lactation Counselor (CLC)**

Please make sure form is filled out completely and signed.

I, \_\_\_\_\_

Name of Examinee (Please Print Legibly)

\_\_\_\_\_

CLC Exam Location

\_\_\_\_\_

Exam Date

Authorize the release of my CLC Exam Results to

Monica Miller\_\_\_\_\_

Name

New Mexico Board of Nursing\_\_\_\_\_

Agency

6301 Indian School Rd NE, Suite 710\_\_\_\_\_

Address

Albuquerque \_\_\_\_\_ NM 87107 \_\_\_\_\_

City State Zip Code

505-841-9044 \_\_\_\_\_ 505-841-8347 \_\_\_\_\_

Phone Fax

**Send to:**

Academy of Lactation Policy and Practice

Release of Exam Results

PO Box 1288

Forestdale, MA 02644

OR fax to: (508)-833-6070



**ALPP**  
 THE ACADEMY OF  
**Lactation Policy  
 and Practice**

- Please mail my results to the above agency address.
- Please fax my results to the number listed above. It should be sent to the attention of: \_\_\_\_\_.
- Please email my results to the attention of: \_\_\_\_\_.

I specifically authorize the release of my CLC Exam Results to the person/agency mentioned above.

\_\_\_\_\_  
 Examinee Signature

\_\_\_\_\_      \_\_\_\_\_  
 Date                      Phone

***For ALPP Use Only***

The above mentioned examinee:

- Passed all the CLC competencies including the CLC exam on \_\_\_\_\_ and is certified until \_\_\_\_\_.
- Failed the CLC exam
- Failed the LAT competency.
- No CLC Exam Results on file
- Certificate expired on \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_  
 Date                      Authorized ALPP Representative

**Send to:**  
 Academy of Lactation Policy and Practice  
 Release of Exam Results  
 PO Box 1288  
 Forestdale, MA 02644  
 OR fax to: (508)-833-6070