



LYMPHOLOGY ASSOCIATION OF NORTH AMERICA

LANA® Certified Lymphedema Therapist Examination Application Form

Instructions

Please complete entire form. Check the registration pathway you plan to follow for the examination (Option #1 or Option #2).

Email application along with any necessary attachments to admin@clt-lana.org. *

Attachments:

1. Completed application
2. Copy of CDT certificate
3. Copy of current license
4. Copy of receipt of payment (PayPal or credit card) **

*If you are unable to email documents, please mail all of the above along with payment by check to the following address:

LANA
P.O. Box 16183
St. Louis, MO 63105

Please do not send your application via Fed-Ex or UPS as they are unable to deliver to a Post Office Box and your application will be delayed or returned. You can, however send your application via USPS Priority Mail if you prefer.

**If you wish to pay via call-in credit card you may call LANA at 773-756-8971.

Name of Candidate _____

LANA Exam ID number _____
(Internal use only)



**LANA® Certified Lymphedema Therapist
Examination Application Form**

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OPTIONS

____ **(Option #1)** For applicants completing the application when applying for an instructional course, email ONLY the completed application back to LANA at admin@clt-lana.org. The instructional course coordinators will verify all professional documents.

____ **(Option #2)** For applicants completing the application independently from an instructional course: Applicants may email the application form along with scanned attachments of all required documents to admin@clt-lana.org.

Please check all that apply:

____ I am aware that I have 1 (one) year to take the LANA examination from the date of the approved application. If one year passes and I have not taken the exam, I will be required to reapply and will be required to pay exam fees.

____ I am choosing to take a paper & pencil form of the LANA exam immediately following completion of an instructional course (if available). If the exam is not taken at the end of the instructional course as I have initially chosen, I will pay a \$50 reapplication fee. I understand that the exam can then be taken at any time for the next one year at a computer-based testing facility. If one year passes and I have not taken the exam, I will be required to reapply and will be required to pay exam fees.

Name of Candidate _____

LANA EXAM ID number _____
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Personal Data

Title	Surname/Last Name	First Name	Middle Initial
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Home Street Address

City	State/Province	Country	Zip/Postal Code
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Home Phone	Home Fax (if applicable)	Home Email
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Social Security Number _____ (for identification purposes only)

List professional/degrees/certifications (i.e. PT, OT, MT, RN, MD, Other)

Employer's Name _____

Business Street Address _____

City	City/Province	Zip/Postal Code
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Business Phone _____

Business Email _____

Your Title _____

I would like my name and **BUSINESS CONTACT INFORMATION** to appear on the
LANA website: **YES** _____ **NO** _____

Check preferred contact location: Home _____ Office _____

List CDT/Lymphedema Management Courses here:

School	Title of Course
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Instructor	Dates of Course	Hours completed
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School	Title of Course
--------	-----------------

Instructor	Dates of Course	Hours completed
------------	-----------------	-----------------

School	Title of Course
--------	-----------------

Instructor	Dates of Course	Hours completed
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Name of Candidate _____

LANA EXAM ID number _____
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Affidavit of Eligibility

I hereby affirm that:

1. I have never had a professional license, certification, membership or registration revoked, nor have I been censured or disciplined by any professional organization or government agency. If so, please attach a letter of explanation.
_____ Initial
2. I have never been convicted of a felony or of a General Court Martial in military services, and there are not any felony charges now pending against me (omit minor traffic violations or offenses prosecuted in juvenile court). If so, please attach a letter of explanation.
_____ Initial
3. Initial A or B
 - a. I have completed and provided documented evidence of successful completion of a minimum of 135 hours of CDT coursework, from no more than four consecutive or cumulative courses from one training program, as outlined in the CIB.
_____ Initial
 - b. I will be completing a minimum of 135 hours of CDT coursework on _____ at _____ (location) with _____ training.
_____ Initial
4. I have completed the basic science requirement, with proof of 12 credit hours from an accredited institution of higher learning, as outlined in the CIB. *
_____ Initial

***Massage Therapists ONLY – Please attach a copy of transcripts of the basic science requirement in addition to initialing above. Note: Massage Therapists trained in Canada in a 2200 hour program need not submit transcripts)**

Name of Candidate _____

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Affidavit of Eligibility (continued)

5. All information provided by me in this Application Form, or its attachments, is true to the best of my knowledge. I understand and authorize LANA, at its sole discretion, to make inquiry of individuals and organizations directly or indirectly referenced in any part of my application or its attachments to verify the accuracy and completeness of the information I have provided. I understand that false information, inaccurate information or non-disclosure of material information to this application can result in the invalidation of my test results and/or my certificate.

_____ Initial

The above states how I would like my name to be printed on my certificate
(Default: first name last name, CLT-LANA)

Applicant's Signature (electronic/typed are accepted)

Date

Questions: Call (773) 756-8971

Email: admin@clt-lana.org

Exam Fee: \$375.00 in US currency (click here for PayPal)

_____ I have paid via PayPal (submit receipt with application)

_____ I have paid via credit card (submit receipt with application)

_____ I have enclosed a check for \$375

Name of Candidate _____

LANA EXAM ID number _____

(Internal use only)