



Lymphology Association of North America

LANA® CERTIFIED LYMPHEDEMA THERAPIST Examination Application Form

Instructions

1. Please type or print legibly.
2. Send hard copy of this completed application form to:

LANA
P.O. Box 466
Wilmette, IL 60091, USA

CHECK LIST of attachments:

- Current License
- CDT Certificate
- Resume/CV
- Completed Application

3. Questions? Call: **773-756-8971**
 Email: ana@clt-lana.org

Dr./Mr./Ms./Mrs.	Surname/Last Nam	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 e-mail
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Social Security # _____ (for identification purposes only)

List profession/degrees/certification (i.e. PT, OT, MT, RN, MD, SLP, other) _____

Employer Name	Title
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Business Street Address

City	State/Province	Postal Code
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Business Phone	Business Fax	Business E-mail (if available)
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I would like my name and **business contact information** to appear on the LANA website.

Yes _____ No _____

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
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If you need to list more courses, please attach a separate piece of paper. THANK YOU.

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, 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, attach a letter of explanation.
____Initial
3. I have completed and provided documented evidence of successful completion of 135 classroom hours of CDT coursework, from no more than four consecutive or cumulative courses from one training program, as outlined in the CIB.
____Initial
4. I have provided evidence of one-year hands-on experience using CDT, following the completion of CDT coursework, as outlined in the CIB. **I have attached a copy of my resume/c.v. validating this experience.**
____Initial

5. 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.)

6. 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

Please indicate the exam cycle you are applying for:

_____ **NLN Meeting, 2012** _____ **Fall** _____ **Spring**

Applicant's Signature

Date

Sworn to and subscribed before me this _____ day of _____, 201__

Personally known _____ or furnished identification _____

Notary Signature: _____ Expires: _____

Printed Name: _____ Commission #: _____
(If applicable)



Notary Seal

Please do NOT send payment along with this application. You will receive information at a later date where to send your payment.

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. We are sorry for any inconvenience that this may cause.