



**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](mailto:admin@clt-lana.org). \*  
Attachments:

1. Completed application
2. Copy of CDT certificate
3. Copy of current professional 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)

LYMPHOLOGY ASSOCIATION OF NORTH AMERICA ®  
PO Box 16183  
Saint Louis, MO 63105



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Examination Application Form**

**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](mailto: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](mailto: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 the exam fee**.

\_\_\_\_ 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**

\_\_\_\_\_  
**Home Street Address**

\_\_\_\_\_  
**City                      State/Province                      Country                      Zip/Postal Code**

\_\_\_\_\_  
**Home Phone    Home Fax (if applicable)**

\_\_\_\_\_  
**Personal Email**

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

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\_\_\_\_\_  
**Employer's Name**

\_\_\_\_\_  
**Business Street Address**

\_\_\_\_\_  
**City                      State/Province                      Zip/Postal Code**

\_\_\_\_\_  
**Business Phone**

\_\_\_\_\_  
**Business Email**

**Your Title** \_\_\_\_\_

Your name and **BUSINESS CONTACT INFORMATION** will appear on the LANA website unless you would choose to opt out in writing by contacting: [admin@clt-lana.org](mailto:admin@clt-lana.org)

Check **preferred mailing place**: **Home** \_\_\_\_\_ **Office** \_\_\_\_\_



**List CDT/Lymphedema Management Courses here:**

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School \_\_\_\_\_ Title of Course \_\_\_\_\_

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Instructor \_\_\_\_\_ Dates of Course \_\_\_\_\_ Hours completed \_\_\_\_\_

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School \_\_\_\_\_ Title of Course \_\_\_\_\_

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Instructor \_\_\_\_\_ Dates of Course \_\_\_\_\_ Hours completed \_\_\_\_\_

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School \_\_\_\_\_ Title of Course \_\_\_\_\_

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Instructor \_\_\_\_\_ Dates of Course \_\_\_\_\_ Hours completed \_\_\_\_\_

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School \_\_\_\_\_ Title of Course \_\_\_\_\_

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Instructor \_\_\_\_\_ Dates of Course \_\_\_\_\_ Hours completed \_\_\_\_\_

Name of Candidate \_\_\_\_\_

LANA EXAM ID number \_\_\_\_\_

(Internal use only)

**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

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

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Applicant's Signature (electronic/typed is accepted)

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Date

Questions: Call (773) 756-8971  
Email: [admin@clt-lana.org](mailto:admin@clt-lana.org)

Exam Fee: \$430.00 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 \$430

Name of Candidate \_\_\_\_\_

LANA EXAM ID number \_\_\_\_\_  
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