



LANA[®] Certified Lymphedema Therapist Examination Application

Congratulations on starting the process of becoming a LANA[®] Certified Lymphedema Therapist (CLT-LANA[®]). The CLT-LANA[®] credentials signify healthcare professionals who have met a standardized level of knowledge and skills defined by national experts in the field of lymphedema. CLT-LANA[®] certification indicates a unique achievement, a step beyond lymphedema therapy training.

Before initiating the application, download the Candidate Information Booklet (CIB) from the LANA[®] website. The booklet provides a comprehensive explanation of the application process, eligibility requirements, examination content, development information, and much more. Interested candidates **MUST** sign they have reviewed the CIB in order to complete this application.

The application contains five sections:

Section I.	Eligibility
Section II.	Personal Information
Section III.	Declarations, Notifications, and Agreements
Section IV.	Payment Information
Section V.	Application Checklist

Please ensure all sections of the application are complete. Call (773) 756-8971 or email admin@clt-lana.org with questions.

The application information is held in strict confidence according to the LANA[®] Privacy/Confidentiality Policy and the LANA[®] Records Retention Policy. These policies may be viewed on our website in LANA[®]'s Policy and Procedure Manual and apply to all aspects of CLT-LANA[®] credentialing, including application materials, examinations, scores, and candidate records.

Instructions

Candidates for the CLT-LANA[®] must meet the minimum eligibility requirements as outlined in Section I.

List your legal name on the application; the name you enter on the application is the name submitted to the testing center. Your name must match the name on the government-issued photo identification presented at the test center in order to be admitted to take the certification examination.

Applicants are notified one time of deficiencies in their application. Applicants have 30 days from the date of notification to remedy any deficiencies. Failure to provide all required information may result in a rejection of the application. Candidates requesting special testing accommodations must provide documentation of the disability and a description of the requested accommodation. Please see the CIB for complete information.

Completed applications may be submitted via email to admin@clt-lana.org or by mail to the LANA[®] P.O. box. Applicants are responsible for saving a completed copy of the application.

Section I: Eligibility

Eligibility requirements are described in detail in the CIB. Please indicate below the qualifications that satisfy the CLT- LANA® eligibility requirements. Submission of supporting documents required; copies are acceptable.

1. License, Registration, or Credential Requirement

- I hold a current unrestricted US professional license or registration or Canadian equivalent as a (check all that apply):

<ul style="list-style-type: none"> <input type="checkbox"/> Registered Nurse (RN) <input type="checkbox"/> Physical Therapist (PT) <input type="checkbox"/> Certified Occupational Therapy Assistant (COTA) <input type="checkbox"/> Massage Therapist (MT) <input type="checkbox"/> Doctor of Chiropractic (DC) <input type="checkbox"/> Other _____ 	<ul style="list-style-type: none"> <input type="checkbox"/> Physical Therapist Assistant (PTA) <input type="checkbox"/> Occupational Therapist (OT) <input type="checkbox"/> Medical Doctor (MD) <input type="checkbox"/> Doctor of Osteopathy (DO) <input type="checkbox"/> Certified Athletic Trainer (CAT/ATC)
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2. Training Requirement

- I have completed LANA® approved coursework in Complete Decongestive Therapy (CDT).

3. Education Requirement (Massage Therapists only)

- I have completed 12 higher-education credit hours in human anatomy, physiology, and/or pathology from an accredited higher-education institution.

OR

- I am a Massage Therapist having graduated from an accredited Massage Therapy Program in Canada consisting of a minimum of 2200 hours.

4. List CDT/Lymphedema Management Course(s) here (should correspond to submitted certificate(s) showing 135-hours from no more than four consecutive or cumulative courses from one training program):

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

School _____ Title of Course _____

Instructor _____ Dates of Course _____ Hours completed _____

Section II: Personal Information

Title _____ Surname/Last Name _____ First Name _____ Middle Initial _____

Home Street Address _____

City _____ State/Province _____ Country _____ Postal Code _____

Telephone Number _____ Personal Email _____

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

Business Name _____

Business Street Address _____

City _____ State/Province _____ Country _____ Postal Code _____

Business Telephone Number _____ Business Email _____

Your Title _____

Check **preferred** mailing address: **Home** **Office**

Indicate how you would like your name printed on the certificate (default first name last name, CLT-LANA®).

Section III: Declarations, Notifications, and Agreements

*Read each of the following statements carefully. By signing and dating below, you are affirming each statement is true. **If you cannot truthfully attest to all of the statements, you are not eligible to be certified.** Please note should LANA[®] determine you have falsified any attestation, your application may be rejected, your examination scores may be canceled, and/or your certification may be revoked.*

Yes **No** Have you ever had a professional license, certification, membership or registration revoked or censured, or have you ever been disciplined by any professional organization or government agency? If **Yes**, please provide details concerning the facts related to the reprimand.

Yes **No** Have you been charged with a felony or had a General Military Court Martial? If **Yes**, please describe details concerning the facts related to the criminal charges/Court Martial.

I understand a benefit of CLT-LANA[®] certification includes posting of information, limited in nature, on the LANA[®] website. I also understand LANA[®] may share my certification status and contact information with affiliates promoting education and programs of interest to the CLT-LANA[®]. I give/do not give permission below to be included in the database, the published registry, and to receive additional information related to the profession as indicated below:

Yes **No** I give my permission for LANA[®] to include my information in the LANA[®] internal database and to receive communication from LANA[®] and LANA[®] affiliates.

Yes **No** I give my permission for LANA[®] to publish my business information on the CLT-LANA[®] registry.

I understand after LANA[®] approves and processes this application, the fee is non-refundable.

I understand I must take the examination within 12 months of application approval.

I understand I am personally responsible for maintaining the confidentiality of the examination content and may not discuss or document the exam content in any format except with LANA[®].

I understand I have the opportunity to request special accommodation for the examination with appropriate documentation of a disability.

I understand the CLT-LANA[®] credential may only be used following passing of the LANA[®] certification examination and subsequent recertification to maintain the credential.

I understand certification is valid for a period of six years. Should I be granted certification, I understand if I seek recertification, it is my responsibility to demonstrate evidence of my continued competence in the field of lymphedema therapy.

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- I understand LANA® reserves the right to verify any or all information on this application and any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my CLT certification, or other disciplinary action. I authorize LANA® to review my application to determine whether I have met LANA®'s standards for certification; this review may include contacting licensing or registration bodies and/or educational institutions to confirm the veracity of statements made on this application.
- I understand and agree LANA® reserves the right to use my examination score and certain data from my application to prepare summary statistical analyses, some of which may be published, but my individual data will not be made public.
- I hold harmless and indemnify LANA® from the decision made on my application as long as such decision was made in good faith, according to all LANA® policies and procedures, and does not constitute gross negligence by LANA® or the Qualifications/Discipline Committee.
- I acknowledge I have read this application, LANA®'s certification requirements, and LANA®'s CIB, including the Ethics and Privacy/Confidentiality Policies. I understand it will be my responsibility to remain in compliance with all of LANA®'s certification requirements, policies, and procedures.
- Finally, I certify the information provided in this application is true, accurate, and verifiable to the best of my knowledge. Further, I agree to notify LANA® of any change in the information provided in this application or of the occurrence of any development bearing upon my eligibility for certification, including, but not limited to any criminal conviction or disciplinary action by a licensing board or professional organization.

Signature _____ Date _____
(Electronic, handwritten, or typed are accepted.)

Section IV: Payment Information

The application fee of \$430.00 includes the cost of the initial examination administration. Candidates re-taking an examination must pay the current examination fee. Failure to submit the full application fee in one of the acceptable formats will result in the rejection of the CLT-LANA® application.

Payment must be made by PayPal, bank/personal check, or money order (made payable to LANA®), or credit card. **CASH IS NOT ACCEPTED.**

PayPal (include PayPal receipt with application)

OR

Bank/Personal Check/Money Order: Check Number [_____]

OR

Credit Card by mail: Visa MasterCard Amex Discover

Name as it appears on the card: _____

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Card Number: _____

Expires (____/____) CVV Code _____

Billing Address: _____

Billing City, State, Postal Code: _____

Signature of Cardholder _____ * Date _____

**Your signature authorizes LANA® to charge the application fee to your credit card.*

OR

Credit Card by telephone Information: call LANA® at 773-756-8971

Section V: Application Checklist

Use this checklist before submitting the application to verify completion of the required steps and submission of all required documentation.

- Completed legible application, including all declarations, notifications, and agreements confirming policies and procedures and LANA®'s Ethics and Privacy/Confidentiality Policies
- A photocopy of candidate's current professional license, registration, or verification
- A photocopy of CDT course certificate(s) specifying the number of contact hours completed (Do **NOT** send copies of certificates for any activity that does not directly pertain to basic CDT course certification hours. **Review the CIB-Candidate Eligibility Requirements section.**)
- For Massage Therapists ONLY: A college transcript with proof of successful completion of science requirements with an exception for Massage Therapists who trained in Canada in a 2200-hour program
- Candidate signature on the Declarations, Notifications, and Agreements Section
- Application payment
- Keep a copy of this application for records
- If applicable, include request and supporting documentation for special testing accommodations

Email documents to admin@clt-lana.org. If unable to email, mail all of the above along with payment to the following address:

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

Do not send application via Fed-Ex or UPS as they are unable to deliver to a Post Office Box. Applications may be sent via USPS Priority Mail however, it is not required.