



## LANA<sup>®</sup> Recertification Application

### Section I: Instructions

Congratulations on recertifying as a CLT-LANA<sup>®</sup>. LANA<sup>®</sup> recertification assures continued professional competence in the management of lymphedema. **Additional information regarding recertification is found on the LANA<sup>®</sup> website under Recertification Policy.**

---

<b>Title</b>	<b>Surname/Last Name</b>	<b>First Name</b>	<b>Middle Initial</b>
--------------	--------------------------	-------------------	-----------------------

---

**Home Street Address**

---

<b>City</b>	<b>State/Province</b>	<b>Country</b>	<b>Postal Code</b>
-------------	-----------------------	----------------	--------------------

---

<b>Telephone Number</b>	<b>Personal Email</b>
-------------------------	-----------------------

---

<b>Original Date of LANA Certification</b>	<b>Certification Number</b>
--	-----------------------------

---

**Business Name**

---

**Business Street Address**

---

<b>City</b>	<b>State/Province</b>	<b>Country</b>	<b>Postal Code</b>
-------------	-----------------------	----------------	--------------------

---

<b>Business Telephone Number</b>	<b>Business Email</b>
----------------------------------	-----------------------

CLT-LANA<sup>®</sup>'s name and business contact information will appear on the LANA<sup>®</sup> website and are shared with the LANA<sup>®</sup> Premier Sponsors. If you wish to opt out, please contact LANA<sup>®</sup> at [admin@clt-lana.org](mailto:admin@clt-lana.org).

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

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

- |  |   |
|--|---|
| <input type="checkbox"/> Registered Nurse (RN)                           | <input type="checkbox"/> Physical Therapist Assistant (PTA)   |
| <input type="checkbox"/> Physical Therapist (PT)                         | <input type="checkbox"/> Occupational Therapist (OT)          |
| <input type="checkbox"/> Certified Occupational Therapy Assistant (COTA) | <input type="checkbox"/> Medical Doctor (MD)                  |
| <input type="checkbox"/> Massage Therapist (MT)                          | <input type="checkbox"/> Doctor of Osteopathy (DO)            |
| <input type="checkbox"/> Doctor of Chiropractic (DC)                     | <input type="checkbox"/> Certified Athletic Trainer (CAT/ATC) |
| <input type="checkbox"/> Other _____                                     |   |

**Section II: 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<sup>®</sup> determine you have falsified any attestation, your application may be rejected and 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 after LANA<sup>®</sup> approves and processes this application, the fee is non-refundable.

I understand LANA<sup>®</sup> 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- LANA<sup>®</sup> certification, or other disciplinary action. I authorize LANA<sup>®</sup> to review my application to determine whether I have met LANA<sup>®</sup>'s standards for recertification; this review may include contacting licensing or registration bodies and/or educational institutions to confirm the veracity of statements made on this application.

I hold harmless and indemnify LANA<sup>®</sup> from the decision made on my application as long as such decision was made in good faith, according to all LANA<sup>®</sup> policies and procedures, and does not constitute gross negligence by LANA<sup>®</sup> or the Qualifications/Discipline Committee.

I acknowledge I have read this application, LANA<sup>®</sup>'s recertification policy and LANA<sup>®</sup>'s Ethics and Privacy/Confidentiality Policies located on the website. I understand it will be my responsibility to remain in compliance with all of LANA<sup>®</sup>'s 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<sup>®</sup> 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 III: Payment Information**

Payment of \$200 must be made by PayPal, bank, personal check, or money order (made payable to LANA<sup>®</sup>), 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: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expires (\_\_\_\_/\_\_\_\_) CVV Code \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City, State, Postal Code: \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ \* Date \_\_\_\_\_

*\*Your signature authorizes LANA<sup>®</sup> to charge the application fee to your credit card.*

OR

Credit Card by telephone Information: call LANA<sup>®</sup> at 773-756-8971

**Section IV: 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
- A photocopy of candidate's current professional license, registration, or verification
- A photocopy of documentation/certificate(s) specifying the number of contact hours completed. **Review the Recertification Policy.**
- Application payment
- Keep a copy of this application for records
- If applicable, request for inactive status with supporting documents

Application and supporting documents should be submitted no later than midnight on December 31<sup>st</sup> in the year of expiration. **Therapists who allow their certification to lapse will be required to apply for certification as a noncertified CLT-LANA<sup>®</sup>.** Email documents to [admin@clt-lana.org](mailto:admin@clt-lana.org). If unable to email, mail all of the above along with payment to the following address:

LANA<sup>®</sup>  
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.**