



# CLT-LANA Examination Application

**Prior to beginning the application, download and review the Candidate Information Booklet (CIB) located on the LANA website.** Candidates **MUST** sign indicating that they have reviewed the CIB in order to complete this application.

## Section I: Personal Information

**Initial Application:** Yes  No       **If No, list prior exam date(s):** \_\_\_\_\_

\_\_\_\_\_  
First Name                                      Last Name                                      **Name MUST match government-issued photo ID**

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

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

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

\_\_\_\_\_  
Home/Primary Telephone Number                                      Business Telephone Number

\_\_\_\_\_  
Lymphedema and Related Disorders Training Program (correspond to certificate(s) showing 135-hours)

\_\_\_\_\_  
Dates of Course(s)

\_\_\_\_\_  
Employer/Business Name

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

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

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

\_\_\_\_\_  
Professional License Designation (MD, RN, PT, OT, MT etc)

Date received \_\_\_\_\_  
**(LANA Office Use)**

**Section II: Declarations, Notifications, and Agreement**

Read and answer 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.***

- 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**, attach a separate page to provide details.
- Yes  No**  Have you been charged with a felony or had a General Military Court Martial? If **Yes**, attach a separate page to provide details.
- Yes  No**  I understand one of the benefits 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 permission to be included in the database, the published registry, and to receive additional information related to the profession.
- Yes  No**  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-LANA 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.
- Yes  No**  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.
- Yes  No**  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 LANA committees.
- Yes  No**  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.
- Yes  No**  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 accepted)

**Section III: Payment Information**

The application fee of \$430.00 (US currency) includes the cost of the initial examination administration. Candidates re-taking an examination must pay the current examination fee.

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

Bank/Personal Check/Money Order: Check Number [ \_\_\_\_\_ ]

**OR**

Credit Card:  Visa  MasterCard  Amex  Discover

Name as it appears on the card: \_\_\_\_\_

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

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

Email (Receipt) \_\_\_\_\_

Promotional Code (if applicable): \_\_\_\_\_

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

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

**Section IV: Application Checklist**

**\*This page does NOT need to be submitted with the application.**

Use this checklist before submitting the application to verify completion of the required steps.

- Completed **legible** application, including all declarations, notifications, and agreements confirming policies and procedures with **signature**.
- A photocopy of candidate's current professional license, registration, or verification
- A photocopy of CDT course certificate(s) specifying the number of contact hours (minimum 135 hours) completed. (Do **NOT** send copies of certificates for any activity that does not directly pertain to basic CDT course certification hours.)
- For Massage Therapists ONLY:** A college transcript with proof of successful completion of science requirements (Exception: Massage Therapists trained in Canada in a 2200-hour program).
- Application payment or **copy** of PayPal receipt (does not apply with promo)
- Keep a copy of this application for your records
- If applicable, request and supporting documentation for special testing accommodations

Email complete application with supporting 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:

**\*Do not send application via Fed-Ex or UPS as they are unable to deliver to a PO Box.**

**\*Any mail requiring a signature may be returned by the post office.**

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

Call (773) 756-8971 or email [admin@clt-lana.org](mailto:admin@clt-lana.org) with questions.