

## **ACADEMY OF LYMPHATIC STUDIES STUDENT APPLICATION FORM FOR COMPLETE LYMPHEDEMA CERTIFICATION**

Please complete all sections of this application in full. Under the terms of our course accreditation, we will not be allowed to commence your training until we have received your signed application form and a copy of your professional credentials.

You may also enroll online via our secure website at [www.acols.com](http://www.acols.com) or call 1-800-863-5935 for more information.

### **SECTION ONE - CERTIFICATION COURSE INFORMATION**

Course Date: \_\_\_\_\_ Location: \_\_\_\_\_  
How did you hear about this course: \_\_\_\_\_

### **SECTION TWO - STUDENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Email: \_\_\_\_\_  
Home #: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work #: \_\_\_\_\_ License #: \_\_\_\_\_  
Preferred contact method:  email  phone  postal mail  
(Check all that apply)

Print your name below **exactly** as you wish it to appear on your Certificate of Completion, including credentials. Please note, upon successful completion of this certification program, you will be eligible to use the credentials CLT. Please include this if you wish it displayed on your certificate (e.g. *John A. Smith, PT, CLT*)

\_\_\_\_\_

Please contact us immediately if any of your contact details change so that we can stay in touch with you.

### **SECTION THREE - EMPLOYER INFORMATION**

Company Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **SECTION FOUR - EDUCATION**

**We require an official copy of your professional license, diploma or school transcripts.**

Select Preferred Option:  Professional license or diploma or transcripts are included  
 School is sending a copy of my records

Name on license/diploma/transcript if different from name above: \_\_\_\_\_

Please provide explanation for difference: \_\_\_\_\_

Have you previously attended an ACOLS Course?  Yes  No

Please provide details: \_\_\_\_\_

### **SECTION FIVE - EMERGENCY CONTACT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**Please provide details of a second contact in case we are unable to contact the person above.**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

**SECTION SIX - MEDICAL HISTORY**

**Manual Lymph Drainage and Complete Decongestive Therapy is a gentle, manual treatment technique. As with any health care modality, some conditions may be contraindicated for and/or aggravated by certain types of manual treatment technique and compression therapy. To support your wellbeing as a student, it is important that we are aware of any health conditions you may have.**

Do you have any of the following conditions? Please check all that apply and explain below if necessary:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cardiac/Circulatory Problems | <input type="checkbox"/> Arthritis                       | <input type="checkbox"/> Herniated Disk |
| <input type="checkbox"/> Vision or Hearing Impairment | <input type="checkbox"/> Epilepsy                        | <input type="checkbox"/> Osteoporosis   |
| <input type="checkbox"/> Diabetes or Hypoglycemia     | <input type="checkbox"/> Carpal Tunnel Syndrome          |   |
| <input type="checkbox"/> High/Low Blood Pressure      | <input type="checkbox"/> CVA (Cerebro-Vascular Accident) |   |

Additional Information: \_\_\_\_\_

Have you had any surgeries? If so, please explain: \_\_\_\_\_

Have you had, or do you have, any injuries? If so, please explain (include any musculoskeletal injuries and/or repetitive stress injuries): \_\_\_\_\_

Do you have any contagious diseases or conditions? If so, please explain: \_\_\_\_\_

Please list any medications you are currently taking: \_\_\_\_\_

Do you have any serious allergies? If so, please explain: \_\_\_\_\_

Do you have any physical or psychological condition(s) for which you are receiving on-going treatment or are considered chronic? If so, please explain: \_\_\_\_\_

Do you foresee any complications balancing your educational & personal commitments? If yes, what might these complications be and how might you be able to remedy them? \_\_\_\_\_

Are you pregnant or trying to become pregnant?  Yes  No

**SECTION SEVEN - ATTESTATION (MUST BE SIGNED)**

**Lymphedema Therapy is a demanding profession. The training provided by the Academy of Lymphatic Studies (ACOLS) involves giving and receiving manual treatment and compression therapy on each day during the course that may create physical and emotional demands. While our curriculum allows each student to adapt to a variety of techniques while developing stamina, we ask you to consider your overall fitness before committing to this training.**

By signing below, I verify that I have considered my health and my ability to complete a program in Manual Lymph Drainage (MLD) and Complete Decongestive Therapy (CDT) at ACOLS and will not hold ACOLS liable for any pre-existing conditions that may limit my ability to perform MLD and CDT.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing below, I confirm that I understand that during the course I will perform and receive MLD and CDT with other students for practice purposes. I release those students, ACOLS and ACOLS' Instructors and staff from any responsibility for my health. I also understand that the physical requirements of this course could trigger or inflame existing physical or physiological conditions.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BY SIGNING BELOW, I AGREE THAT I WILL NOT HOLD ACOLS, ACOLS' INSTRUCTORS AND STAFF OR ACOLS' FACILITY PROVIDERS LIABLE FOR ANY MEDICAL CONDITIONS WHICH HAVE OR HAVE NOT BEEN REPORTED ON THIS FORM OR ANY CONDITIONS THAT ARISE DURING OR AFTER THE COURSE. I HAVE COMPLETED THIS APPLICATION TO THE BEST OF MY KNOWLEDGE AND I STATE THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.**

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION EIGHT - STUDENT AGREEMENT (MUST BE SIGNED)**

This agreement is made between Participants in the certification classes in Manual Lymph Drainage and Complete Decongestive Therapy ("Course") as outlined in the information materials and the Academy of Lymphatic Studies ("ACOLS")

Participants will receive a confirmation package containing a course book, home study/online materials, dates and locations of the Course once ACOLS has received the application form and the required deposit.

**Tuition and Payment Information**

The total tuition for the Course is \$3,150.00 (Included: complete certification course, course manual, textbook, an educational CD, set of three posters depicting the "Lymphatic System", CD for Limb Volume Calculation, set of bandages, exam fees). A deposit of \$900.00 is required to register for the Course the remaining balance of \$2,250.00 is due thirty (30) days before the first day of class. The Participant agrees and understands that \$250.00 of this deposit is non-refundable once the Participant receives the course manual, textbook for lymphedema management and home study/online materials, unless the materials are returned to us in un-damaged and re-saleable condition. \$250.00 becomes non-refundable ten days prior to the first day of class.

**Completion of Home Study/Online Program**

The Participant agrees to complete the Home Study/Online Program in its entirety as outlined in the Home Study Letter. The Participant will be the sole individual accessing and completing Home Study/Online Program. The Home Study/Online Program materials are strictly prohibited from being shared with other individuals or organizations.

**Certificate of Completion**

After the Participant has satisfactorily completed all required hours, passed all required exams, paid the tuition in full, the Participant will receive a Certificate of Completion for the Course.

**Class Requirements**

**Participants may miss no more than a total of five (5) hours of class; Additional hours of homework time during the course are expected; All Participants must pass both the written and the practical final exams; All Participants are expected to be in class on time; Participant agrees that the purpose of this course is for the training and certification of performing the procedure known as Manual Lymph Drainage and Complete Decongestive Therapy. The Participant shall not under any condition solicit for competing purposes in the training and certification of other therapists. Although the Participant is free to distribute information concerning lymphedema, the Participant shall not be permitted to train nor certify any other person in the techniques of Manual Lymph Drainage and Complete Decongestive Therapy unless being granted instructor privileges under ACOLS guidelines.**

**Dismissal Policy**

Participant can be dismissed from the program for insufficient progress, non-payment of tuition or non-attendance. Reinstatement following dismissal is up to the discretion of the ACOLS.

**Transfer/Cancellation/Refund Policy**

Participants can transfer to another course with no penalty, one time, if transfer is complete prior to ten days before the course. If transfer is completed prior to ten days before the course, all the tuitions paid will be transferred to the new course dates. If transfer is completed within ten days of the course, there will be a \$250 charge for the transfer and the remaining tuition paid will be transferred to the new course dates. Participant can transfer to another course, one time, at no charge (except within ten days of the course as stated above). If additional transfers are required, there will be a \$50 administration fee.

If the Participant would like to cancel instead of transfer to another date or location, the course tuition is fully refundable up to ten days prior to the start date of class. If the materials have been shipped and received by the Participant, we will hold \$250 of the refund until the materials are returned to us. The materials must be returned to us in undamaged and resaleable condition, containing no marks, highlights, etc. If Participant cancels within ten days of the course, \$250 of the amount paid becomes non-refundable. Any remaining tuition paid will be refunded. Once the Participant attends any part of the course, the full tuition paid becomes non-refundable.

Documented emergencies or illness are the only exceptions to our Transfer/Cancellation/Refund Policy.

**Course Cancellation**

In the event a class is canceled for any reason, a new session will be scheduled and all payments transferred. In the event the Course instructor falls ill, the class will be rescheduled.

**Photograph/Videotape Release**

I hereby give my permission to the Academy of Lymphatic Studies to use any photographs and/or videotape material taken of myself while attending one of their courses. I understand that these photographs and/or videotape material may be used for educational or promotional purposes. I further understand that I may at any time withdraw permission for the use of the photographs and/or video footage of me upon written request.

Check here if you do NOT agree to the use of photographs and/or videotapes of yourself

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION NINE - REGISTRATION (PLEASE SELECT YOUR OPTIONS)**

Please select the payment information that applies to your registration:

Select payment option:

- Payment in Full - \$3,150 minus any available discounts
- Pay \$900 deposit with application (remaining balance is due 30 days before the course begins)
  - Check this box if it is ok to automatically charge the balance to the credit card provided 30 days before the course begins
- Pay Later via Check or Credit Card (I understand my position in the class nor any available discounts are NOT secured until payment is received)

**SECTION TEN - PAYMENT INFORMATION**

- Pay by Purchase Order P.O. #: \_\_\_\_\_
- Pay by Check Check #: \_\_\_\_\_  
(check payable to: **ACOLS**)
- Bill my organization - see address below
- Pay by Credit Card (Visa/MasterCard Discover/Amex) Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Expiration: \_\_\_\_\_ / \_\_\_\_\_  
Security 'V' Code: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Signature: \_\_\_\_\_

**SECTION ELEVEN - BILLING ADDRESS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

**Thank you for choosing ACOLS as your preferred training provider!**

**FINAL CHECKLIST**

**Under the terms of our course accreditation, we will not be allowed to commence your training until we have received your signed application form and a copy of your professional license. Please use the following checklist to ensure that your application is complete.**

- Sections One to Eleven completed in full
- Signed and dated Section Seven in 3 places
- Signed and dated Section Eight (Student Agreement)
- Enclosed an official copy of your professional license or diploma or school transcripts
- Smile because you've just chosen the premier school for your Lymphedema Management training!

Please return your completed application form, copy of license and/or payments to ACOLS to the following:

**Academy of Lymphatic Studies**  
**11632 High Street, Sebastian, Florida 32958**  
 Phone: 800.863.5935 / 772.589.3355 Fax: 772.589.0306  
 Email: admissions@acols.com