



## NLN Affiliate Physician Application

To Whom It May Concern:

The Board of Directors and Medical Advisory Committee of the National Lymphedema Network (NLN®) are pleased that you are interested in becoming an NLN Affiliate Physician and appearing in the NLN Resource Guide (online/in print). *Please note that appearing in the NLN Resource Guide constitutes neither an accreditation nor an endorsement by the NLN, its Board of Directors or Medical Advisory Committee.*

### Current Guidelines

Guidelines and qualifications for NLN Affiliate Physicians are outlined below. Please read through them before continuing with your application.

### Resource Guide Listing

In the Resource Guide, a listing of all NLN Affiliate Physicians appears with the Physician's name, city, state, and phone number.

Physicians with lymphedema training will be acknowledged using codes. These codes indicate the training program completed by a physician at an NLN Affiliate Training Program. Physicians trained by courses other than NLN Affiliate Training Programs will be indicated with an asterisk (\*). CLT-LANA physicians are designated by a diamond symbol.

Every day the NLN receives numerous calls on the NLN 800 Info-line and direct dial lines and online queries from patients and health care professionals nationwide seeking information and/or referrals to specialists. Our goal is to offer dependable referrals to quality physicians. Please note that the NLN reserves the right to refuse any application.

Thank you for your interest in becoming an NLN Affiliate Physician. We look forward to receiving your application.

Sincerely,

A handwritten signature in cursive script that reads 'Saskia Thiadens'. The signature is written in black ink and is positioned above a horizontal line.

Saskia R.J. Thiadens, R.N.,  
Founder/Executive Director



## Physician Qualifications

In order to qualify as an NLN affiliate physician, applicants must meet the following criteria:

- **Must have participated in at least one of the following**
  - Lymphedema Certification Course;
  - NLN Biennial Conference ;
  - Other lymphedema Conference or workshop.
- Have a current MD license in your practicing state
- Have one letter of recommendation from a colleague (MD) or Medical Director

## Physician Responsibilities

NLN Affiliated Physician must:

- Complete an **annual renewal application** and **pay annual dues of \$450** within the appropriate renewal period (*the NLN will send a reminder of yearly renewal 2 months prior to deadline*).
- Maintain accurate and updated information including current copies of professional licenses and certifications.
- Demonstrate and show willingness to:
  - Increase awareness among the patient population and medical community of effective treatment and management of lymphedema including risk reduction practices;
  - Support and collaborate with the NLN. Encourage membership to the NLN among patients and healthcare providers. Help to increase awareness of the National Lymphedema Network (NLN), its mission, and related events/services;
  - *Optional:* Active Affiliate Physicians are invited to publicly display their status as NLN Affiliate Physician by posting their NLN Affiliate Member Certificate in an easily viewed location in the waiting room or other public area of the clinic or office. Affiliates in good standing can add the NLN Logo in their clinic literature.
- Collaborate/network when possible with other NLN Affiliate Members regarding:
  - Patient care
  - New treatment modalities
  - Current research
  - Success and/or failures with established treatment
  - Refer patients to appropriate qualified Treatment Centers/providers in other areas, if needed
- Maintain patient documentation including:
  - Medical History
  - Initial evaluation
  - Subjective progress
  - Ongoing periodic follow-ups
  - Garment replacement as needed

In addition, NLN Affiliate Physicians are encouraged to:

- Submit one article or case study per year for publication in *LymphLink*, the NLN quarterly newsletter. (Submission deadlines are January 15, April 15, July 15, and October 15 for the following issue. Please call in advance to alert the editor of your incoming submission or to discuss an article.)
- Attend the biennial International NLN Conference, and are encouraged to submit an abstract for presentation. NLN conferences offer an excellent opportunity for physicians to connect directly with healthcare professionals in the field and other affiliate members, as well as to keep abreast of current trends and new developments in the field.
- Participate and represent the NLN at local and national conferences/meetings



## National Lymphedema Network Statement of Purpose and Mission Definition

### Organization Purpose

The NLN is a non-profit, tax-exempt organization established in 1988. Comprised of doctors, therapists, scientists and other health care professionals, lymphedema patients and patient advocates, the NLN is dedicated to making authoritative information on risk reduction practices ([www.lymphnet.org/pdfDocs/nlnriskreduction.pdf](http://www.lymphnet.org/pdfDocs/nlnriskreduction.pdf)) and treatment of lymphedema available to the medical/healthcare community, lymphedema patients, and the general public. The mission of the NLN is to create awareness of lymphedema through education and to promote and support the availability of quality medical treatment for all individuals at risk for or affected by lymphedema.

The NLN strives to:

- Support the establishment of national standards for lymphedema treatment, training and reimbursement with the goal of eventually standardizing NLN affiliated clinics;
- Educate the medical community, medical schools, legislators, insurance companies and the general public about lymphedema and available treatments;
- Create a climate of awareness, understanding and support for lymphedema and the patients who live with this condition.

In addition, the NLN supports research into the causes and possible alternative treatments for this often incapacitating condition, and is dedicated to actively supporting public policy and legislative issues regarding lymphedema (and related conditions) in the United States.

### Responsibilities of the NLN Office to Physicians

- List active NLN Affiliate Physicians in the *LymphLink* Resource Guide for four consecutive issues per membership year. Send three (3) copies of each issue by first class mail to NLN Affiliate Physicians.
- List active NLN Affiliate Physicians in the NLN website Resource Guide. Maintain quarterly updates.
- Refer patients calling on the NLN 800 Infoline & direct dial lines to NLN Affiliate providers in their local area. If none currently exist, refer to the nearest providers in a neighboring city or state.
- Maintain affiliate physician application online.
- Report to an NLN affiliate physician any comments, compliments or concerns received on the NLN 800 Infoline, direct dial lines, by e-mail or by post regarding their center.
- If requested, assist an NLN affiliate physician in establishing a lymphedema support group.
- Keep NLN Affiliate Physicians abreast of current issues that may impact treatment centers, such as insurance, public policy and legislative issues, through email. Alert NLN Affiliate physicians to urgent issues that may require letter writing, phone and/or e-mail campaigns to take action on or block these issues.
- Support NLN affiliate physicians seeking advice on clinical and organizational questions/concerns and refer accordingly.
- If requested, provide two National Lymphedema Awareness “D” Day (March 6) certificates for one upper and one lower extremity patient honoree each year.



Contact information

For Office Use Only
Date recv'd: \_\_\_\_\_ Ck# \_\_\_\_\_
All licenses/certs? Y N Charge
Approved by: \_\_\_\_\_ last 4 digits:
Date: \_\_\_\_\_
Therapist Training Codes: \_\_\_\_\_

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Institution (if any): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Professional License Type: \_\_\_\_\_ License Number: \_\_\_\_\_

Issuing State: \_\_\_\_\_ Expiration: \_\_\_\_\_

Please indicate exactly how you would like your listing to appear in LymphLink and website:
Physician's Name (with credentials): \_\_\_\_\_
Affiliation, if any: \_\_\_\_\_
City and State: \_\_\_\_\_
Telephone: \_\_\_\_\_

Number of years in practice: \_\_\_\_\_

Specialty: \_\_\_\_\_

Please provide a brief description of your background and experience in the field of Lymphology (attach pages as necessary):

In order to qualify as an affiliate physician you need at least one of the qualifications below; fill out all that apply. Have you attended:

[ ] Lymphedema Certification Course

Course Title: \_\_\_\_\_

Month and Year: \_\_\_\_\_

[ ] NLN Biennial Conference

Year(s) Attended: \_\_\_\_\_

[ ] Other lymphedema Conference or workshop:

Event Title: \_\_\_\_\_

Month and Year: \_\_\_\_\_

Please provide certificates of attendance for all courses, conferences, or workshops you have attended.



How many lymphedema patients do you evaluate in an average month or year? \_\_\_\_\_

Have you published research in the field of Lymphology?  Yes  No

Which of the following are offered in your office or in your facility onsite (*please check all that apply*):

- Complete Decongestive therapy (manual lymphedema drainage, compression bandaging, skin care, exercise, self care)
- Fitting and provision of standard compression garments
- Fitting and provision of custom compression garments
- Education about risk reduction for “at-risk” individuals
- Exercise Program designed for persons with lymphedema
- Nutritional services
- Obesity treatment
- Specialized Wound Care
- Podiatry services

Are diagnostic procedures offered at your facility? Check all that apply.

- Lymphoscintigraphy
- Perometer
- Bio impedance
- MRI/CT
- Other (Please describe):
- Ultrasound
- Mammography
- Laboratory

Do you refer patients to certified lymphedema therapists (per LANA guidelines)?  Yes  No

*(If 'no', contact the NLN to discuss. This is a requirement.)*

Do you have a Lymphedema Support Group?  Yes  No

*(If so, please complete the support group application to have your support group listed:  
[www.lymphnet.org/supportGrpListingApp.htm](http://www.lymphnet.org/supportGrpListingApp.htm))*

Do you provide any other services?  Yes  No

If yes, please elaborate:



## Application Submission Check-Off List

The following required items must accompany your application:

- Copy of current professional license showing expiration date
- One letter of recommendation
- Check or money order for \$450.00, or an authorized credit card (or pay online at [www.shop.lymphnet.org](http://www.shop.lymphnet.org)):

**\* Please note that we are unable to process incomplete applications. \***

**I warrant that the statements provided in this application are true, and if found to be otherwise, I understand and agree that my Affiliate Membership status will be terminated immediately without compensation.**

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

**Position/Title:** \_\_\_\_\_

### Payment

I will submit my payment via check.

Check Number: \_\_\_\_\_

I will submit my payment via credit card:  Amex  Disc  M/C  Visa

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

Expiration: \_\_\_\_\_

Customer Code: \_\_\_\_\_

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