



## *Request for Hand-scoring of NAWC® Exam*

**Instructions:** You may use this form to request the National Alliance of Wound Care Certification Committee to hand-score your answer sheet. **This request must be postmarked no later than 100 days after the test administration date.** Please print or type all requested information on this form. The result will be communicated to you in writing by the NAWC®. The hand-scoring result will be considered final.

**Send by mail to:** National Alliance of Wound Care, 5464 N. Port Washington Road #134, Glendale, WI 53217 OR via fax to (800) 352-8339

**Print your current name and address:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Street/Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**If the above information was different at the time you were tested, please print the original information:**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Street/Apt.# \_\_\_\_\_  
City \_\_\_\_\_ State/Prov. \_\_\_\_\_  
Zip/Postal Code \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Examination Date** \_\_\_\_\_ **Test Site** \_\_\_\_\_

**I hereby request NAWC® Certification Committee to hand-score my answer sheet. I understand their scoring results will be considered final.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date