



LLE

# Candidate Handbook

May 2016

*The National Alliance of Wound Care and Ostomy® (NAWCO®) is a non-profit organization that is dedicated to the advancement and promotion of excellence in wound care through the certification of wound care practitioners in the United States. The Certification Committee of the NAWCO is the governing body of the LLE® credential.*

*The aspiration of the NAWCO is to unify wound care providers & practitioners from different educational backgrounds along the health care continuum in an effort to streamline the delivery of quality wound care.*

*The NAWCO offers the “Lymphedema Lower Extremity (LLE) Certification Examination” to measure the academic and technical competence of eligible candidates in the area of Lymphedema Lower Extremity Management. The LLE credential is performed in accordance with legislation code and practice guidelines as determined by each respective professional state regulatory/licensing board. Therefore, LLE certification alone does not determine a practitioner’s scope of practice.*

*NAWCO does not discriminate against any individual on the basis of race, color, creed, age, sex, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, source of income or any other reason prohibited by law. Individuals applying for the examination will be judged solely on the published eligibility requirements.*

*This handbook contains information regarding the Lymphedema Lower Extremity Certification examination process of the National Alliance of Wound Care and Ostomy.*

*The information contained in this Candidate Handbook is the property of National Alliance of Wound Care and Ostomy, and is provided to candidates who will be taking the certification examination. Copies of this handbook may be downloaded for single personal use, but no part of this handbook may be copied for preparing new works, distribution or for commercial use. NAWCO does not provide permission for use of any part of the handbook.*

To avoid problems in processing your application, it is important that you follow the guidelines outlined in this handbook and comply with our required deadlines. If you have any questions about the policies, procedures, or processing of your application after reading this handbook, please contact the National Alliance of Wound Care and Ostomy. Additional copies of the handbook may be obtained from our website: [www.nawccb.org](http://www.nawccb.org).

**WE RECOMMEND YOU KEEP THIS CANDIDATE HANDBOOK FOR REFERENCE THROUGHOUT THE APPLICATION AND EXAMINATION PROCESS.**

May 2021



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## **Objectives of LLE Certification**

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The purpose of LLE certification is to demonstrate a candidate's proficiency and mastery of essential knowledge and skills in Lymphedema Lower Extremity Management.

It promotes consumer protection and confers peer and public recognition to those individuals who prove proficient in their practice.

## **Scope of Practice**

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The LLE provides direct patient lymphedema and edema care in acute, outpatient, long-term care and home care settings. The LLE plays an important role as a direct care provider, educator and resource for optimum patient outcomes in lymphedema and edema management associated with wounds. The LLE scope of practice is performed in accordance with legislation code as determined by each respective professional state regulatory board.

Lymphedema Lower Extremity and edema management includes the identification, assessment, management, prevention, and continuing evaluation of patients with signs and symptoms of swelling related to lymphatic and or venous failure, which includes but is not limited to primary lymphatic dysplasia and all other forms of secondary lymphatic trauma.

Lymphedema Lower Extremity, edema and wound management is a specialized area that focuses on overall skin care and promotion of an optimal wound environment through reduction of edema and lymphedema. This therapeutic approach includes intensive rehabilitative interventions followed by education in self-care measures to prevent disease progression.

Lymphedema Lower Extremity and edema management requires the skills of the interdisciplinary team that includes the physician, nurse, LLE, dietitian, physical therapist, occupational therapist, social worker, and other health care disciplines or providers depending upon each individual patient assessment. The physician or other advanced practice provider is the leader of the interdisciplinary care team. As such, Lymphedema Lower Extremity and edema management care plans must always be prescribed by the physician or other advanced practice provider.

## **Eligibility Requirements**

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Applicants for the NAWCO LLE certification must meet all of the following criteria:

1. LLE Certification Eligibility Requirements:
  - A. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Physician or Physician Assistant.
  - B. Have practiced the equivalent of 1 year full-time in the past five years as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Physician or Physician Assistant
  - C. Payment of required exam fees.
  - D. Education Requirements Options\*:
    - 1) Successful graduate of Norton "Edema Solutions for Wound Specialists" course and

- 30 contact hours of NAWCO \*approved wound or lymphedema training courses.  
[Click here](#) for information about Norton School, -or-
- 2) Current, active certification as a Certified Lymphedema Therapist (CLT) and 22 contact hours of NAWCO approved wound care courses, -or-
  - 3) LANA certification and 22 contact hours of NAWCO approved wound care courses.
- E. Receive passing score on the NAWCO LLE Examination
- \*Approved Lymphedema and Wound Education providers:
- 1) Academy of Lymphatic Studies
  - 2) Norton School of Lymphatic Therapy
  - 3) Klose Training Lymphedema Certification
  - 4) Pacific Therapy Education
  - 5) Wound Care Education Institute

## **Credentials**

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Upon successful completion of the LLE Certification examination, candidates may use the initials LLE, Lymphedema Lower Extremity Certified, to designate their status. Credentials are awarded for a five (5) year period following obtaining a passing score on the examination.

Upon expiration of the credentialing term, LLEs are required to recertify with the NAWCO to maintain their credentials “LLE”.

Application has been made to register “LLE” with the United States Patent and Trademark Office as the official certification mark of the LLE Certification sponsored by the National Alliance of Wound Care and Ostomy.

### **Certificate of Certification**

The NAWCO will award an official numbered electronic certificate to all candidates upon passing the NAWCO LLE Certification examination, denoting status as LLE, Lymphedema Lower Extremity Certified.

### **Credential Verification**

To ensure public safety and ethical practices, the National Alliance of Wound Care and Ostomy provides credential verification. Interested parties, including the general public, can verify LLE credentials using the credential verification search feature located at [www.nawccb.org](http://www.nawccb.org) or contact the NAWCO directly for assistance by phone at 877.922.6292.

## **Examination Administration**

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The LLE Certification Examination is sponsored by the National Alliance of Wound Care and Ostomy and is maintained by the independent NAWCO Certification Committee. A passing score of 70% is required to become certified.

The LLE examination is administered at computer based testing facilities managed by PSI Computer Testing, Inc. PSI has testing sites in the United States and other countries. A listing of available testing centers with detailed maps may be viewed at <http://cert.psiexams.com/locateall.html>.

## **Content of Examination**

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The LLE Certification examination is an objective, multiple choice test consisting of 100 questions with a total testing time of two (2) hours.

The questions for the LLE Certification examination are prepared by teams of Subject Matter Experts (SMEs). The examination questions are written to assess cognitive levels of knowledge, comprehension, application and analysis related to lymphedema lower extremity and edema management.

### **Examination Content Outline**

1. Lymphatic Anatomy
  - i. Lymphatic capillaries: structure
  - ii. Lymphatic collectors: location, names, drainage regions
  - iii. Vessel hierarchy: Ducts, trunks, collectors, precollectors, capillaries
  - iv. Deep and superficial divisions
  - v. Territories and watersheds
  
2. Lymphatic Physiology
  - i. Starling's Law/Equilibrium
  - ii. Colloid osmotic pressure: plasma, interstitial
  - iii. Formation of lymph
  - iv. Constitution of lymphatic loads
  - v. Blood Capillary Pressure: Arterial, venous
  - vi. Ultrafiltration, reabsorption forces
  - vii. Interstitial pressure
  - viii. Active and passive Hyperemia
  
3. Pathophysiology and the lymphatic system
  - i. Transport Capacity
  - ii. Lymphatic Load
  - iii. Functional reserve
  - iv. Lymph Time Volume
  - v. Dynamic Insufficiency
  - vi. Mechanical Insufficiency
  - vii. Combined Insufficiency
  - viii. Safety Valve Insufficiency
  - ix. High and low protein edema's
  
4. Differential diagnosis
  - i. Chronic Venous Insufficiency (characteristics, signs)
  - ii. Lymphedema (characteristics, signs, types)
  - iii. Combined venous/lymphatic (characteristics, signs)
  - iv. Deep vein thrombosis (characteristics, signs)
  - v. Post Thrombotic Syndrome (characteristics, signs)
  - vi. Cardiac edema (characteristics, signs)
  - vii. Lipedema (characteristics, signs)
  - viii. Arterial disease (characteristics, signs)
  - ix. Diabetes (characteristics, signs)
  - x. Cellulitis/ Erysipelas
  - xi. Myxedema (characteristics, signs)

- xii. Self-induced edema (characteristics, signs)
  - xiii. Malignant Lymphedema
5. Treatment
- i. Complete Decongestive Therapy (CDT)
  - ii. Manual Lymph Drainage (theory, principles, techniques, applications)
  - iii. Surgery (types, classifications, risks, benefits)
  - iv. Pneumatic pumps
  - v. Diuretics
  - vi. Adjunct modalities
  - vii. Skin and Nail care
  - viii. Infection management
  - ix. Compression garments
  - x. Compression classification
  - xi. Working and resting pressure
  - xii. Law of LaPlace
  - xiii. Protocol for pure venous patients
  - xiv. Protocol for pure lymphedema patients
  - xv. Protocol for lipedema patients
  - xvi. Contraindications and indications for therapy (MLD and Compression)
  - xvii. Precautions for compression
  - xviii. Compression bandaging (methods, theory, principles, applications)
6. Imaging
- i. MRI, CT, Lymphoscintigraphy, Lymphography, Doppler/Duplex
  - ii. Diagnostics procedures for lymphedema
  - iii. Diagnostics procedures for DVT
  - iv. Diagnostics procedures for arterial disease
  - v. Diagnostics procedures for malignancy
  - vi. Diagnostics procedures for Lipedema

### **Examination Results**

PSI Testing Center Candidates will receive their results immediately following the completion of the computerized examination. Exam results will indicate either “pass” or “fail”. Official hard copy results will be sent via US mail to candidates within 4 weeks of the examination. No candidate exam results will be given by telephone or facsimile for any reason.

### **Review of Examinations**

For security reasons, examination materials are not available for review. Neither the testing corporation nor the NAWCO will discuss specific questions on any of the examinations. Comments about questions should be directed in writing to the NAWCO Certification Committee. The NAWCO will review comments relating to the exam but will not make a written response to comments.

Candidates who believe their examination results were improperly recorded or their examination graded inaccurately may request that their examination be hand scored. To request examination hand scoring, candidates should complete a signature form available from the NAWCO website. This request must be postmarked no later than 100 days after the test administration date.





### **Re-examination Application**

1. The NAWCO is notified by the testing company of all non-passing scores.
2. The National Alliance of Wound Care and Ostomy will contact you by mail with instructions and an application for re-examination.
3. Each re-examination application submitted must be accompanied by \$380 fee.
4. Re-examination application forms should be submitted at least one month prior to requested examination date.

## **Computer Examination Procedures**

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### **Scheduling Your Examination Appointment**

The NAWCO will send you a notice of eligibility once you are approved for the exam. Following that, you will receive an email from PSI Services, LLC with instructions on scheduling your examination on the PSI Services, LLC website.

1. A listing of available testing centers with detailed maps may be viewed at [www.psiexams.com](http://www.psiexams.com).
2. Make note of your unique NAWCO eligibility authorization number that will be included with your NAWCO notice of eligibility email. Without this number.
3. To gain admission to the testing center:
  - Present a current US Government issued photo ID that includes your current name and signature.
  - Acceptable IDs include: driver's license, valid passport, military ID card with photo, state issued photo ID.
  - Unacceptable ID's include employment ID, student ID, etc.

### **Accommodation Procedures**

An applicant may request special accommodation directly through the PSI website. Please refer to the NAWCO Candidate Information Bulletin available at [www.psiexams.com](http://www.psiexams.com).

### **Reschedule of Examination Appointments**

If you need to cancel your examination appointment or reschedule to a different date, you must contact PSI at (800) 211-2754 no later than 24 hours prior to your scheduled time. If your appointment falls either on a Monday or the day after a holiday, you must call the last business day prior to your appointment to reschedule. If you fail to arrive for your appointment or cancel without giving the required notice, you will be subject to forfeiture of your testing fee.

### **Security**

NAWCO and PSI maintain test administration and test security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The assessment center is continuously monitored by surveillance equipment for security purposes.

### **Practice Test**

Prior to attempting the examination, you will be given the opportunity to practice taking a test on the computer. The time you use for this practice test is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

### **Timed Examination**

Following the practice test, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-screen. Two (2) hours are allotted to complete the examination.

## **Examination Results**

After you finish the examination, you are asked to complete a short evaluation of your testing experience. Upon completion of the evaluation, you are instructed to report to the testing supervisor to receive your examination results. Your exam report will indicate “pass” or “fail”.

Successful candidates may begin using the “LLE” credential immediately and will be able to print their LLE Certification Certificate, wallet ID card and congratulations letter within 2 weeks of the examination date. No candidate exam results will be given by telephone or facsimile for any reason. Exam results are released ONLY to the candidate at the testing center. Exam results are kept on file for five years

## **Revocation of Certification**

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NAWCO may revoke LLE Certification upon the occurrence of any one or more of the following events:

1. Applicant fails to adhere to the NAWCO code of ethics. (located at [www.nawccb.org](http://www.nawccb.org))
2. Any Government agency, licensing board or court finds that any services as provided by LLE are defective or improper in any way, manner or form.
3. Use of certification credentials and/or failure to notify NAWCO within 10 business days subsequent to revocation, suspension, probation, or expiration of primary professional license of the LLE.
4. Applicant fails to maintain basic wound care certification.
5. Applicant fails to meet recertification criteria prior to expiration date of their LLE credentials.
6. Falsification of application materials.
7. Actual or potential adverse publicity, false advertising or other information, emanating from a third party or parties, about Applicant, the services provided by Applicant, or the use of the Marks by Applicant causes NAWCO, in its sole judgment, to believe that NAWCO's reputation will be adversely affected.

## **Recertification**

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Certification is awarded for a five (5) year period following successful passing of the examination. Upon expiration of the credentialing term, LLEs are required to recertify with the NAWCO to maintain their credentials. Details of the recertification options will be e-mailed to successful candidates within one year of expiration of credential. They may also be accessed at the NAWCO website: [www.nawccb.org](http://www.nawccb.org).

## **Appeals**

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Individuals may appeal decisions regarding eligibility, examination results, and disciplinary matters made by the NAWCO certification program by submitting a written letter of appeal to the NAWCO Certification Committee within 30 days of the NAWCO decision or action that is being appealed. Certificants may request a copy of the appeal policy by contacting the NAWCO office.

## **Complaints & Discipline**

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Complaints against an LLE may be submitted by any individual or entity. Complaints should be reported to the Certification Committee in writing to either the NAWCO office, or email to [edirector@nawccb.org](mailto:edirector@nawccb.org), and should include the name of the person submitting the complaint, the name of the person the complaint is regarding along with other relevant identifying information, a detailed description of factual allegations supporting the charges, and any relevant supporting documentation. Information submitted during the complaint and investigation process is considered confidential and will be handled in accordance with the Certification

Committee's Confidentiality policy. Inquiries or submissions other than complaints may be reviewed and handled by the Certification Committee or its staff members at its discretion. For full policy, please see the NAWCO website homepage: [www.nawccb.org](http://www.nawccb.org), under "Want to Provide Feedback?"

## **Confidentiality**

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NAWCO strictly protects the security of your personal information and honors your choices for its intended use. We carefully protect your data from loss, misuse, unauthorized access or disclosure, alteration, or destruction. Though we make every effort to preserve user privacy, we may need to disclose personal information when required by law wherein we have a good-faith belief that such action is necessary to comply with a current judicial proceeding, a court order, or legal process. If we are required by law to release your confidential information, you will be notified by email at the address we have on file, unless prohibited by law. Otherwise, your personal information is never shared outside the company without your permission. Inside the company, data is stored in password-controlled servers with limited access. NAWCO does not release information to anyone as to whether a particular candidate has applied or what their exam results were. Anyone may obtain basic certification information including name, city, state, original certification date, current certification date, certification expiration date, and certification status by using the credential verification feature on the home page of our website: [www.nawccb.org](http://www.nawccb.org). If a certificant wishes NAWCO to verify his or her certification status in writing for an employer, a request signed by the certificant must first be received by the NAWCO office.

## **Preparation for the Examination**

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Examination questions are not based on any sole source for content. NAWCO suggests that applicants closely review the examination content outline as a guideline for study preparation. Review of current lymphedema journals, peer reviewed articles, lymphology textbooks, and other reference materials provided with the Norton School ESWS Course will help prepare for the test.

### **References for Study**

The following reference list may be helpful in preparing for the examination. This list does not attempt to include all the acceptable references available, nor is the examination based solely on these sources. The NAWCO does not sponsor or endorse any one reference over another. Some of the references can be accessed online, while others are available at local book stores.

### **Key items:**

1. Edema Solutions for Wound Specialists Course Workbook. Norton School of Lymphatic Therapy
2. Foeldi's Textbook of Lymphology, M. Foeldi, E. Foeldi, Elsevier, 2<sup>nd</sup> Edition December 2006.

### **Sample Examination Questions**

1. Which statement best describes lymphatic capillaries?
  - A. They are comprised of single endothelial cell wall.
  - B. They are similar in size to blood capillaries.
  - C. They have valves in order to direct fluid.
  - D. Their primary job is to transport and absorb fluid.
2. Which of the following accurately describes Lymphedema?
  - A. a dynamic insufficiency of the lymphatic system

- B. a mechanical insufficiency of the venous system
- C. a combined insufficiency of the venous and lymphatic systems
- D. a medical insufficiency of the lymphatic system

3. The superficial veins are the veins most affected in venous insufficiency.

Which of the following are superficial veins?

- A. greater saphenous vein, accessory vein and femoral vein
- B. deep femoral vein, sciatic vein and popliteal vein
- C. greater saphenous vein, sciatic vein and popliteal vein
- D. greater saphenous vein, accessory vein and lesser saphenous vein

4. Which of the following is a proper treatment for patients with combined lymphedema and venous disease?

- A. compression therapy
- B. skin care
- C. vein stripping
- D. exercise

5. What is the optimal pressure of compression needed to overcome venous insufficiency in the lower extremities?

- A. 20-25 mm Hg
- B. 15-20 mm Hg
- C. 35-40mm Hg
- D. 40-45mm Hg

6. What are the advantages of alternative compression devices using Velcro closures to replace bandages?

- A. they ease of application by patient or caregiver
- B. they can be used to absorb wound exudate
- C. they can be worn under light compression stockings to augment lower extremity compression
- D. they can be replaced on a regular basis economically

7. Which of the following is a possible cause of chronic venous insufficiency?

- A. increased pressure in the lymphatic system
- B. dysfunctional valves in the thoracic duct
- C. deep venous flow obstruction
- D. calf muscle pump failure

8. Left untreated, phlebo-lymphedema can progress.

Which symptom can be expected in someone with untreated phlebo-lymphedema?

- A. neuropathic ulcers
- B. decrease in edema as disease progresses
- C. increased immune response
- D. fibrotic skin changes

9. Characteristics of benign extremity lymphedema include which of the following?

- A. slow onset, pitting early stages, acute pain, history of cellulitis

- B. slow onset, pitting early stages, jugular vein distention, cellulitis
- C. positive Stemmer sign, pitting, hemosiderin staining
- D. positive Stemmer sign, pitting, discomfort, history of cellulitis

10. What is the gold standard for the treatment of lymphedema?

- A. CDT
- B. surgery
- C. skin care
- D. diuretics

Answers: 1-A, 2-D, 3-D, 4-A, 5-C, 6-A, 7-D, 8-D, 9-D, 10-A

# National Alliance of Wound Care and Ostomy LLE Certification Program Candidate Agreement / Statement of Understanding

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## Purpose

National Alliance of Wound Care and Ostomy (NAWCO) is dedicated to the advancement and promotion of excellence in the delivery of lymphedema lower extremity wound management to the consumer. NAWCO has established a formally documented program under which individuals may take examinations to demonstrate competence relating to their proficiency in Lymphedema Lower Extremity wound management. This program includes the LLE professional Lymphedema Lower Extremity Certified certification credentials. Successful participants in this program may become authorized to use the LLE certification credentials.

## Definitions

**Applicant** means the individual who, in consideration for being allowed to take the LLE certification examinations offered by NAWCO, agreed to the terms of this NAWCO LLE Certification Program Candidate Agreement (“Agreement”). **Marks** means the service mark and logo pertaining to the certification credential LLE that the Applicant has completed.

## Nondisclosure

Applicant shall not disclose to any third party or use any information concerning any certification examination of NAWCO, including, but not limited to questions, form of questions, or answers. The foregoing obligations of nondisclosure and nonuse are binding on Applicant until such time, if ever, as the specific information covered by the obligations are made generally available to the public. The foregoing obligations of nondisclosure and nonuse shall survive termination or expiration of this agreement and all NAWCO certification programs for any reason. Further, any reported incidence of disclosure of exam item content will be fully investigated by the NAWCO as a Breach of Contract and Copyright Infringement, and shall result in immediate termination of the individual’s LLE Credential.

## Certification

Applicant’s certification credential is based on Applicant’s successful completion of the required testing and Applicant’s compliance with this Agreement and the requirements described in the corresponding NAWCO trademark guidelines, the terms of which are incorporated herein by reference and which may be changed from time to time by NAWCO in its sole discretion. Applicant acknowledges that NAWCO has the right to change at any time the requirements for obtaining or maintaining any certification and/or to discontinue any certification is NAWCO’s sole discretion. Once certification is granted, Applicant may maintain Applicant’s certification by completing, within the time frame specified by NAWCO, all continuing certification requirements, if any, that correspond with Applicant’s LLE credential. Applicant is responsible for keeping Applicant informed of NAWCO’s continuing certification requirements and for maintaining Applicant’s certification. If Applicant does not complete the continuing certification requirements within the time frame specified by NAWCO, Applicant’s certification for that credential will be revoked without further notice, and all rights pertaining to that certification (including the right to use the applicable Marks) will terminate. Applicant retains Applicant’s certification status if Applicant leaves Applicant’s current employment and/or begins working with a new organization. However, Applicant may not transfer Applicant’s certification status to another person. Applicant agrees to make claims regarding certification only with respect to the scope for which the certification has been granted. Applicant agrees to discontinue use of the LLE credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. Applicant further swears to notify the NAWCO in writing within 10 business days if they learn they are no longer eligible to hold the LLE credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license.

NOTWITHSTANDING ANYTHING IN THIS AGREEMENT TO THE CONTRARY, NAWCO HAS THE RIGHT NOT TO GRANT, CONTINUE, OR RENEW APPLICANT'S CERTIFICATION IF NAWCO REASONABLY DETERMINES THAT APPLICANT'S CERTIFICATION OR USE OF THE CORRESPONDING MARKS WILL ADVERSELY AFFECT THE NAWCO. THIS AGREEMENT APPLIES TO LLE CERTIFICATION OBTAINED BY APPLICANT.

### **Grant and Consideration**

Subject to the terms and conditions of this Agreement, NAWCO grants to Applicant a non-exclusive, personal and nontransferable license to use the Marks solely in connection with providing services corresponding to the certification credential Applicant has achieved. Applicant may use the Marks on such promotional, display, and advertising materials as may, in Applicant's reasonable judgment, promote the services corresponding to Applicant's certification credential and which are permitted by the terms of the NAWCO's trademark guidelines corresponding to the certification credential. Applicant may not use the Marks for any purposes that are not directly related to the provision of the services corresponding to Applicant's particular certification. Applicant may not use the Marks of LLE unless Applicant has completed the certification requirements for the LLE certification credential and has been notified by NAWCO in writing that Applicant has achieved certification status of LLE. NAWCO reserves the right to revise the terms of this Agreement from time to time. In the event of a revision, Applicant's signing or otherwise manifesting assent to a new agreement may be a condition of continued certification.

### **Term and Termination**

Term-This Agreement will commence immediately upon Applicant's acceptance of the terms and conditions of this Agreement prior to taking a certification examination. Either party may terminate this Agreement without cause by giving thirty (30) days or more prior written notice to the other party. Termination by NAWCO - Without prejudice to any other rights it may have under this Agreement or in law, equity, or otherwise, NAWCO may terminate this Agreement upon the occurrence of any one or more of the following events ("Default"):

- (i) If Applicant fails to perform any of Applicant's obligations under this Agreement;
- (ii) If any Government agency or court finds that any services as provided by Applicant are defective or improper in any way, manner or form; or
- (iii) If actual or potential adverse publicity or other information, emanating from a third party or parties, about Applicant, the services provided by Applicant, or the use of the Marks by Applicant causes NAWCO, in its sole judgment, to believe that NAWCO's reputation will be adversely affected. In the event of a Default, NAWCO will give Applicant written notice of termination of this Agreement.
- (iv) Applicant fails to meet recertification criteria prior to expiration date of their credentials.

In the event of a Default under (ii) or (iii) or above, NAWCO may immediately terminate this Agreement with no period for correction and without further notice. In the event of a Default under (i) or (iv) above, or at NAWCO's option under (ii) or (iii) above, Applicant will be given thirty (30) days from receipt of notice in which to correct any Default. If Applicant fails to correct the Default within the notice period, this Agreement will automatically terminate on the last day of the notice period without further notice.

### **Effect of Termination**

Upon termination of this Agreement for any reason, Applicant will immediately cease all display, advertising, and other use of the Marks and cease all representations of current certification. Upon termination, all rights granted under this Agreement will immediately and automatically revert to NAWCO.

### **Conduct of Business**

Applicant shall: exercise its independent business judgment in rendering services to Applicant's customers; avoid deceptive, misleading, or unethical practices which are or might be detrimental to NAWCO or its products; and refrain from making any representations, warranties, or guarantees to customers on behalf of NAWCO. Without limiting the foregoing, Applicant agrees to not misrepresent Applicant's certification status

or Applicant's level of skill and knowledge related thereto.

### **Indemnification by Applicant**

Applicant agrees to indemnify and hold NAWCO harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against NAWCO by reason of Applicant's performance or nonperformance under this Agreement; arising out of Applicant's use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or for any personal injury, product liability, or other claim arising from the promotion and/or provision of any products or services by Applicant. In the event NAWCO seeks indemnification under this Section, NAWCO will notify Applicant in writing of any claim or proceeding brought against it for which it seeks indemnification under this Agreement. In no event may Applicant enter into any third party agreements which would in any manner whatsoever affect the Rights of, or bind, NAWCO in any manner, without the prior written consent of NAWCO. This Section shall survive termination or expiration of this Agreement and all NAWCO certification programs for any reason.

### **Disclaimer of Warranties; Limitation of Liabilities**

NAWCO makes, and Applicant receives, no warranties or conditions of any kind, express, implied or statutory, related to or arising in any way out of any certification examination, any NAWCO certification program, or this Agreement. NAWCO specifically disclaims any implied warranty of merchantability, fitness for a particular purpose and non-infringement of any third party rights. In no event shall NAWCO be liable for indirect, consequential, or incidental damages (including damages for loss of profits, revenue, data, or use) arising out of this Agreement, any NAWCO certification program, or incurred by any party, whether in an action in contract or tort, even if NAWCO has been advised of the possibility of such damages. NAWCO's liability for damages relating to any certification examination, any NAWCO certification program, or this Agreement shall in no event exceed the amount of application fees actually paid to NAWCO by Applicant. Some jurisdictions do not allow limitations of the liability so certain of these limitations may not apply; however, they apply to the greatest extent permitted by law. Applicant acknowledges and agrees that NAWCO has made no representation, warranty, or guarantee as to the benefits, if any, to be received by Applicant from third parties as a result of receiving certification. This Section shall survive termination or expiration of this Agreement and all NAWCO certification programs for any reason.

### **General Provisions**

Wisconsin law, excluding choice of law provisions, and the laws of the United States of America govern this Agreement. Failure to require compliance with a part of this Agreement is not a waiver of that part. If a court of competent jurisdiction finds any part of this Agreement unenforceable, that part is excluded, but the rest of this Agreement remains in full force and effect. Any attempt by Applicant to transfer or assign this Agreement or any rights hereunder is void. Applicant acknowledges and agrees that Applicant and NAWCO are independent contractors and that Applicant will not represent Applicant as an agent or legal representative of NAWCO. This Agreement and all documents incorporated herein by reference are the parties' complete and exclusive statement relating to their subject matter. This Agreement will not be supplemented or modified by any course of dealing or usage of trade. Any modifications to this Agreement must be in writing and signed by both parties. Applicant agrees to comply, at Applicant's own expense, with all statutes, regulations, rules, ordinances, and orders of any Governmental body, department, or agency which apply to or result from Applicant's rights and obligations under this Agreement.



# LLE® Examination Application

Phone: 877-922-6292 Fax: 800-352-8339

717 Saint Joseph Dr Ste 297

Saint Joseph, MI 49085-2428

**MISSING OR INCOMPLETE INFORMATION MAY CAUSE DELAY IN PROCESSING**

**PLEASE PRINT LEGIBLY**



|  |   |
|--|---|
| <b>1. PRINT NAME (as listed on your professional license)</b><br>Last: _____ First: _____ MI: _____  |   |
| <b>2. MAILING ADDRESS</b><br>Street: _____<br><br>City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____  | <b>3. DATE OF BIRTH</b><br><br>_____  |
| Daytime Telephone: _____ Evening Telephone: _____ Email: _____<br>( ) ( )  |   |
| <b>4. PROFESSIONAL LICENSES (Check and complete all that apply)</b><br><input type="checkbox"/> LPN/LVN <input type="checkbox"/> RN <input type="checkbox"/> NP/APN <input type="checkbox"/> OT<br><input type="checkbox"/> PTA <input type="checkbox"/> PT <input type="checkbox"/> PA <input type="checkbox"/> MD/DO/DPM<br>License Number(s): _____<br>State: _____ ORIGINAL Issue Date: _____<br>Expiration Date: _____  | <b>5. EDUCATION</b><br><input type="checkbox"/> Diploma <input type="checkbox"/> MSN<br><input type="checkbox"/> Associate <input type="checkbox"/> PhD<br><input type="checkbox"/> BS <input type="checkbox"/> MD/DO/DPM<br><input type="checkbox"/> BSN <input type="checkbox"/> Other: _____<br><input type="checkbox"/> BA<br>Field of Study: _____   |
| <b>6. OTHER BOARD CERTIFICATIONS (Check any that apply)</b><br><input type="checkbox"/> WCC    Certification # _____<br><input type="checkbox"/> CWCN    Certification # _____<br><input type="checkbox"/> CWON    Certification # _____<br><input type="checkbox"/> CWOCN    Certification # _____<br><input type="checkbox"/> CWS    Certification # _____   | <b>7. Experience/Practice Wound Care Since Certification</b><br><br><input type="checkbox"/> Less than 1 year<br><input type="checkbox"/> One to Two years<br><input type="checkbox"/> Two to Five years<br><input type="checkbox"/> More than Five years but fewer than Ten<br><input type="checkbox"/> Ten or more years  |
| <b>8. PRIMARY PLACE OF EMPLOYMENT</b><br><input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient<br><input type="checkbox"/> Long Term Care <input type="checkbox"/> Education<br><input type="checkbox"/> Home Care <input type="checkbox"/> Administration<br><input type="checkbox"/> Clinic <input type="checkbox"/> Sales<br><input type="checkbox"/> Private Practice <input type="checkbox"/> Independent Consultant  | <b>9. EXAMINATION EDUCATION ELIGIBILITY OPTION*</b><br><b>See page 4-Eligibility Requirements 1-D</b><br>Option 1 <input type="checkbox"/><br>Option 2 <input type="checkbox"/><br>Option 3 <input type="checkbox"/>  |
| <b>10. EXAMINATION APPLIED FOR:</b><br><input type="checkbox"/> Computerized Version at PSI Testing Center<br>(for locations go to <a href="http://www.psiexams.com">www.psiexams.com</a> )<br>Please allow 2-3 weeks for processing of your examination application.<br>Once your application is approved, you will receive an examination<br>Authorization letter by email. You will use that authorization letter to<br>Call and schedule your appointment for the examination at the PSI testing<br>Center most convenient to you. You will also need to take that letter with<br>you to the PSI testing center.<br><br><hr/> <b>ADA ACCOMMODATION</b><br><input type="checkbox"/> YES, special arrangements will be necessary<br>for me to complete the examination.<br>(If yes, complete forms on pages 18 and 19) | <b>11. APPLICATION EXAMINATION FEES</b><br><br>Non-refundable processing fee . . . . . \$30<br>Computerized Certification Examination . . \$300<br><br>TOTAL AMOUNT: _____<br><br>Make checks or Money order payable in US dollars to National<br>Alliance of Wound Care and Ostomy and submit with this application.<br>If you wish to make your payment by credit card (Visa or<br>MasterCard) complete Section 13.<br><br>If for any reason you are deemed ineligible to sit for the examination,<br>the \$300 exam fee will be refunded to you within two weeks.-No<br>refunds for applications processed and approved. |

## Agreement Authorization and Certification Information Release

I hereby affirm that I am currently licensed to practice as a \_\_\_\_\_ in the state of \_\_\_\_\_.  
(LICENSE TYPE)

- a. I further affirm firm that *no licensing authority has current disciplinary action pending against my license to practice* in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction.

I authorize the National Alliance of Wound Care and Ostomy to make whatever inquires and investigations that it deems necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

I hereby understand the National Alliance of Wound Care and Ostomy will publish my name, professional license type, city, state, past and present certification status under the NAWCO LLE Certification Directory, in print and electronic versions of a worldwide directory of NAWCO LLE Certified Practitioners. I release the NAWCO, its subsidiaries and affiliates and their employees, successors and assigns from any claims of damages for libel, slander, invasion of rights of privacy or publicity, and any other claim based on the publication or release of any Certification Information as specified in this Certification Information Release.

I agree to make claims regarding certification only with respect to the scope for which the certification has been granted. I agree to discontinue use of the LLE credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. I further swear to notify the NAWCO in writing within 10 business days if I learn I am no longer eligible to hold the LLE credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license.

By signing this agreement, I hereby swear and attest to all the contents of the Candidate Agreement/Statement of Understanding contained within this Candidate Handbook.

As the applicant, I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential.

\_\_\_\_\_  
**Applicant signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

### 13. Credit Card Authorization Form (Complete this section ONLY if paying by credit card)

I, \_\_\_\_\_, hereby authorize the National Alliance of Wound Care and Ostomy  
(Name exactly as it appears on card)

to charge my credit card account for the amount of the Certification Examination of \$350.00 plus Application fee of \$30.00.

Visa     MasterCard     American Express    Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Security Code\* \_\_\_\_\_ \*3-digit code found on signature strip at the end of a series of numbers. Amex is 4 digits.

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
(Billing address required)

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

## Request for Special Examination Accommodations

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Please complete/return this form and the "Documentation of Disability-Related Needs" on the next page and submit it with your application, so your accommodation for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the reverse side of the form completed by an appropriate professional.

### Applicant Information

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|           |            |             |
|-----------|------------|-------------|
| Last Name | First Name | Middle Name |
|-----------|------------|-------------|

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Address

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|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

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|                   |     |        |
|-------------------|-----|--------|
| Daytime Telephone | Fax | E-mail |
|-------------------|-----|--------|

#### Special Accommodations

I request special accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the NAWCO LLE examination at the computer testing center.

Month    Year

Please provide (check all that applies):

- Accessible testing site
- Special seating
- Extended testing time
- Separate testing area
- Other special accommodations (please specify)

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Comments:

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

Return this form with your examination application to:  
National Alliance of Wound Care and Ostomy  
717 Saint Joseph Dr Ste 297  
Saint Joseph, MI 49085-2428  
By Fax 800-352-8339

## **Documentation of Disability-Related Needs**

If you have a learning disability, a psychological disability, or other disability that requires an accommodation in testing, please have this section completed by an appropriate professional (doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of completing the "Professional Documentation" portion of this form.

### **Professional Documentation**

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Applicant)

in my capacity as \_\_\_\_\_.  
(Professional Title)

The applicant discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements identified on the Special Examination Accommodation Form.

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

License # (If applicable): \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with your examination application and request for special examination accommodations to:

National Alliance of Wound Care and Ostomy  
717 Saint Joseph Dr Ste 297  
Saint Joseph, MI 49085-2428  
By Fax 800-352-8339



National Alliance of Wound Care  
and Ostomy®

National Alliance of Wound Care and Ostomy  
11817 Crestview Blvd  
Kokomo, IN 46901  
Fax: 800-352-8339