



OMS Candidate Examination Handbook

April 2017

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 OMS credential.

The aspiration of the NAWCO is to unify clinical practitioners from different educational backgrounds along the health care continuum in an effort to streamline the delivery of quality ostomy management.

The NAWCO offers the "Ostomy Management Specialist® Certification Examination" to measure the academic and technical competence of eligible candidates in the area of Ostomy Management beyond their basic licensure. The OMS credential is performed in accordance with legislation code and practice guidelines as determined by each respective professional state regulatory/licensing board. Therefore, OMS 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 Ostomy Management Specialist Certification examination process of the National Alliance of Wound Care and Ostomy.

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.

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

4/2017



Table of Contents

The Need	5
Objectives	5
Scope of Practice.....	5
Eligibility Requirements	5
Credentials.....	6
Certificate of Certification	6
Credential Verification	6
Examination Administration	6
Content of Examination	6
Examination Content Outline.....	6
Examination Results.....	6
Review of Examinations	7
Examination Disclosure	7
Retesting Policy.....	7
Fees.....	8
Application Process	8
Initial (First Time) OMS Certification Application	8
Re-examination Application.....	8
Computer Examination Procedures.....	8
Scheduling Your Examination Appointment	8
Accommodation Procedures	9
Reschedule of Examination Appointments.....	9
Practice Test	9
Timed Examination.....	9
Examination Results.....	9
Revocation of Certification.....	9
Recertification	9
Appeals.....	9
Preparation for the Examination	10
References for Study.....	10
Sample Examination Questions	10

The Need

Annually, there are 120,000 ostomy surgeries in the United States.¹

Complications following ostomy surgeries are a significant problem for many individuals. Studies show that up to 71% of patients with an ileostomy experience complications as do 43% of those with a colostomy.²

Postoperatively, patients will often report a loss of confidence, independence, and dignity, as well as fears of rejection and ridicule.³ Additional research shows that successful adjustment to a colostomy and improved quality of life is most likely to occur if instruction in self-care and appropriate psychological support is given by a specialized stoma/ostomy clinician.^{4,5}

To meet the need for specialized clinicians dedicated to the treatment and prevention of ostomy and stoma complications, the The National Alliance of Wound Care and Ostomy (NAWCO) is sponsoring the Ostomy Management Specialist Certification (OMS).

1 Herlufsen P, Olsen AG, Carlsen B, et al. Study of peristomal skin disorders in patients with permanent stomas. BJN. 2006;15(16):854-862.

2 Persson E, Gustavsson B, Hellstrom A, Lappas G, Hulthen L. Ostomy patients' perceptions of quality of care. J Adv Nurs. 2005;49(1):51-58.

3 Noone P. Pre- and postoperative steps to improve body image following stoma surgery. Gastrointest Nurs. 2010; 8(2): 34-39

4 Pivonka MA, Merino JM. A multidimensional modeling of predictors influencing the adjustment to a colostomy. J Wound Ostomy Continence Nurs. 1999;26(6):298-305.

5 Marquis P, Marrel A, Jambon B. Quality of life in patients with stomas: the Montreux study. Ostomy Wound Manag. 2003; 49(2):48-55.

Objectives of OMS Certification

The objective of OMS certification is to provide assurance to the public by promoting the delivery of safe and effective ostomy and skin management by:

1. Recognizing formally those individuals who demonstrate proficiency and mastery of knowledge, expertise, and skills in ostomy management above basic licensure.
2. Providing a standard of knowledge required for certification based upon clinical practice recommendations and other evidence based practice and research in the field of ostomy management.
3. Establishing and measuring the level of knowledge required for certification in ostomy management.
4. Promoting continued professional growth in ostomy management.

Scope of Practice

The role of the OMS is based upon expert evidence based clinical knowledge and skills that are practiced in acute, outpatient, long-term care, and home care settings.

The focus of the OMS is on high quality care to achieve optimum patient outcomes and cost control in ostomy management and prevention of complications.

In order to assure appropriate and thorough ostomy management, a holistic comprehensive approach is utilized. All factors affecting healing, including considerations of systemic, psychosocial, and local factors are reviewed. The OMS provides direct patient care, patient education, ostomy management techniques, and prevention measures through comprehensive assessment, referrals, and continuing evaluation of ostomy patients and any related skin complications, appliance needs, and psychosocial support.

Ostomy management requires the skills of the interdisciplinary team that includes the OMS, physician, nurse, dietitian, physical therapist, occupational therapist, social worker, and other health care disciplines or providers depending upon each individual patient assessment.

The OMS scope of practice is performed in accordance with legislative code and scope of practice as determined by each respective professional state licensing board.

Eligibility Requirements

The OMS certification is designed and intended solely for licensed health care professionals. Applicants for the NAWCO OMS certification must meet all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Physician or Physician's Assistant.
2. 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, Occupational Therapy Assistant, Physician or Physician Assistant.
3. Completion of application and required supporting

documentation.

4. Payment of required fees.
5. Successful graduate of NAWCO approved “Ostomy Management Certification Training Course”.
6. Receive passing score on the NAWCO OMS Examination.

Approved NAWCO Ostomy Management Certification Training Courses

Wound Care Education Institute
877-462-9234
www.wcei.net

WCEI offers the Ostomy Management Certification Training Course on multiple dates and at various locations all around the United States. For detailed listings and application, visit www.wcei.net.

Credentials

Upon successful completion of the Ostomy Management Certification examination, candidates may use the initials OMS, Ostomy Management Specialist, to designate their status. Credentials are awarded for a five (5) year period following obtaining a passing score on the examination.

Upon expiration of credentialing term, OMSs are required to recertify with the NAWCO to maintain their credentials.

“OMS” is the official certification mark of the Ostomy Management Specialist 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 Ostomy Management Certification examination, denoting status as OMS, Ostomy Management Specialist.

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 OMS credentials using the credential verification search feature located at www.nawccb.org.

Examination Administration

The Ostomy Management Certification Examination is sponsored by the National Alliance of Wound Care and Ostomy and is developed and maintained by the independent NAWCO Certification Committee. A passing score of 85% is required to become certified.

The OMS examination is administered at computer based testing facilities managed by PSI Services, LLC. 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://www.lasergrade.com/psi-locate.shtml>

Paper and pencil administrations of this examination will be offered on site at the OMS Certification Training courses. For locations and information, visit www.wcei.net.

Content of Examination

The Ostomy Management Certification examination is an objective, multiple choice test consisting of up to 110 questions with a total testing time of two (2) hours.

The questions for the Ostomy Management 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 ostomy management.

Examination Content Outline

1. Anatomy/Physiology
 - a. Gastrointestinal (GI) system
 - b. Genitourinary (GU) system
2. Principles of Wound Healing – Partial-Full Thickness healing, Types wound closure, Moist wound healing, Systemic factors that influence healing
3. Treatment and management of conditions/Etiologies/Indications for Fecal or Urinary Diversion Surgery - Bowel obstruction, Inflammatory bowel disease -Ulcerative colitis, Crohn’s disease, Gastrointestinal cancers, acute diverticulitis, Bladder cancer, Interstitial cystitis, Neurogenic bladder and Refractory radiation cystitis; Pediatric conditions - Hirschsprung’s disease, Imperforate anus, Necrotizing enterocolitis, Malrotation with midgut volvulus, Meconium ileus, Intussusceptions, Cloacal exstrophy, Intestinal atresias, Intestinal pseudo-obstruction and Intestinal transplant
4. Assessment, treatment and management of:

- a. Gastrointestinal Ostomies – Colostomy, Ascending colostomy, Cecostomy, Transverse colostomy, Descending colostomy, Ileostomy, Brooke ileostomy
 - b. Gastrointestinal continent diversions - Kock pouch, Ileoanal reservoir, Continent colostomy
 - c. Urinary ostomies- Urostomy, Ileal conduit, Colon conduit, Uretero-sigmoidostomy, Jejunum conduit
 - d. Incontinent urinary diversions- Ureterostomy, Vesicostomy
 - e. Continent urinary diversions- Indiana pouch, Mitrofanoff continent urinary diversion and Neo-bladder
 - f. Fistulas
5. Patient Education
 - a. Pre-operative teaching and counseling: anatomy and physiology of the GI or GU system, procedure, appearance of the stoma, appliances, equipment, modification and alterations of lifestyle after surgery
 - b. Teaching plan specific patient needs and concerns: age, self care ability, pre-surgical life style, barriers to learning, patient's support system, dietary habits, physical habits, financial resources, receptiveness to education, social and coping skills, psychosocial development, environmental challenges
 - c. Post-operative teaching and counseling: Apply, manipulate, empty, and remove pouching system; stoma care, bathing, clothing, activity restrictions, medication influence, dietary considerations, peristomal skin care, complications to report, sexual counseling, colostomy irrigation and discharge resources
 6. Assessment and management Peristomal complications: Peristomal hernia, Peristomal fistula, Peristomal candidiasis, Folliculitis. Pseudo-verrucous lesions, pyoderma gangrenosum, Suture granulomas, irritant contact dermatitis, allergic contact dermatitis, skin trauma, Carcinoma of the peristomal skin, Pemphigus, Psoriasis and Alkaline encrustations
 7. Assessment and management of stoma and stomal complications: categories, types, clinical characteristics, peristomal hernia, stoma prolapse, stoma necrosis, stoma stenosis, stoma retraction, mucocutaneous separation, stomal varices, stoma fistula and stoma trauma
 8. Assessment, management, and modifications for appliances and pouching products including: One-piece or two-piece systems, systems for fecal or urinary diversions, flexible or rigid skin barriers, flat or convex skin barriers, and pouching accessories
 9. Psychosocial Effects of Fecal and Urinary Diversion Surgery - Phases of adjustment, quality of life, self esteem, body image, relationships, spiritual, cultural, and ethnic considerations; health care professional's role and responsibilities
 10. Procedures and techniques: Containment of stoma effluent, Colostomy irrigation, catheterization of an ileal conduit, food blockage, ileostomy lavage, medication administration drug absorption, pouching fistulas, stoma site marking; tube management - nasogastric tubes, nephrostomy tubes, long intestinal tubes, biliary tubes and tracheostomy tubes

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". 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.

Paper and Pencil examination candidates will receive examination results by email 7-10 business days following the exam date.

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.

Examination Disclosure

The examination questions remain solely the property of the NAWCO. These materials are confidential and are not to be shared with any person or agency for any reason.

Retesting Policy

If you are unsuccessful in passing the examination, you will receive instructions and a re-examination application by email from the National Alliance of Wound Care &

Ostomy.

Candidates who take the Ostomy Management Specialist Certification examination and are unsuccessful may retake the examination for a total of three (3) additional re-examination attempts within two (2) years of the first examination date. After four (4) attempts within two years, you would be required to wait for a period of one (1) year prior to taking the exam again.

Candidates who allow the two (2) year time limit to expire, but who do not exhaust the four (4) exam attempts, are not required to wait one (1) year prior to reapplying to take the exam again. However, all unsuccessful candidates must meet all eligibility requirements under one of the existing certification pathways in order to retake the examination. Candidates are encouraged to self-study or attend an ostomy management training course during this time. Unsuccessful candidates are not eligible for any refunds.

Fees

Processing Fee*

Non-refundable with each application submission \$ 30.00

Examination Fee

Initial Certification	\$300.00
Recertification	\$300.00
Re-examination	\$300.00

*If you are attending the Ostomy Management Certification Course provided by the Wound Care Education Institute, your initial examination and processing fee is **NOT** included in their tuition cost.

For re-examination or recertification make check or money order payable to: National Alliance of Wound Care and Ostomy.

If for any reason you are deemed ineligible to sit for the exam, the \$300 examination fee will be refunded within two weeks

Application Process

Initial (First Time) OMS Certification Application

The OMS certification examination application is **NOT** included with the Ostomy Management Certification Course provided by the Wound Care Education Institute. The registration can be accessed at www.wcei.net.

Upon completion of the course application, you will be directed to the www.nawccb.org website to complete the OMS examination application and pay the exam fee.

An application is considered complete only if all information requested is complete, legible, and accurate. It is not considered complete until payment is received in full.

Within approximately 3-5 days of receipt of the OMS Certification Examination application, a confirmation notice of eligibility with a unique authorization number will be sent to the candidate via email. Detailed instructions for course attendance and scheduling of your certification exam will be included with the eligibility notice.

Applicants who are determined to be ineligible to sit for the exam may appeal the decision by submitting a written letter of appeal to the NAWCO Certification Committee within 30 days of the eligibility decision. Applicants may request a copy of the appeal policy from the NAWCO.

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 USPS with instructions and an application for re-examination.
3. Each re-examination application submitted must be accompanied by \$330 fee.
4. Re-examination application forms should be submitted at least one month prior to requested examination date.

Computer Examination Procedures

Scheduling Your Examination Appointment

Included with your confirmation notice of eligibility for your PSI exam is instructions for the procedure of scheduling your examination with PSI Services, LLC. You will be able to schedule your OMS examination using the online system after you create your account.

To gain admission to the testing center:

- 1) 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.
- 2) Present your confirmation notice of eligibility letter that contains your unique NAWCO authorization number.

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.

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. The practice test will not contain the subject matter you are testing on. 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 "OMS" credential immediately and will be able to print their OMS certification certificate, wallet ID card and congratulations letter within 2 weeks of the examination date. No candidate examination results will be given over the phone or by fax 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

NAWCO may revoke individual OMS 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)
2. Any Government agency, licensing board or court finds that any services as provided by OMS are defective or improper in any way, manner or form.
3. Use of certification credentials subsequent to revocation, suspension, probation, or expiration of OMS's primary professional license.
4. Applicant fails to meet recertification criteria prior to expiration date of their OMS credentials.
5. Falsification of application materials.
6. 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

Certification is awarded for a five (5) year period following successful passing of the examination. Upon expiration of the credentialing term, OMSs are required to recertify with the NAWCO to maintain their credentials. OMSs may recertify by examination, training or by the continuing education pathway.

Details of the options will be e-mailed to successful candidates approximately one year of expiration of credential. They may also be accessed at the NAWCO website: www.nawccb.org.

Appeals

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.

Confidentiality

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. 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

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 Ostomy journals, Ostomy text books, and reference materials 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. 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.

ASCERS and WOCN joint position statement on the value of preoperative stoma marking for patients undergoing fecal ostomy surgery. *J Wound Ostomy Continence Nursing* 2007; 34(6): 627-628.

American Cancer Society. *Ileostomy: A Guide*. 2011. <http://www.cancer.org/>

American Cancer Society. *Urostomy: A Guide*. 2011. <http://www.cancer.org/>

Charter of Ostomates Rights. United Ostomy Associations of America, Inc., Website. http://www.uoaa.org/ostomy_info/bill_of_rights.shtml. Published 2004.

Fecal & Urinary Diversions: Management Principles. St. Louis, Mo: Mosby; 2004.

Registered Nurses' Association of Ontario (RNAO). *Ostomy care and management*. Toronto (ON): Registered Nurses' Association of Ontario (RNAO); 2009 Aug. 115 p.

United Ostomy Associations of America, *Ostomy Information and Care Guides*. <http://www.ostomy.org/>

Wound Ostomy and Continence Nursing Secrets, Philadelphia, PA, 2003, Hanley & Belfus, Inc.

Wound, Ostomy, and Continence Nurses Society (WOCN). *Management of the patient with a fecal ostomy: best practice guideline for clinicians*. Mount Laurel (NJ): Wound, Ostomy, and Continence Nurses Society (WOCN); 2010.

Sample Examination Questions

1. When is surgical treatment for interstitial cystitis indicated?

- A. Upon initial diagnosis of disorder
- B. When all other treatments have failed
- C. When incontinence develops
- D. When symptoms have subsided

2. Mr. E is admitted with drainage coming from his left upper abdominal quadrant. He has a history of a gastrostomy tube while in the ICU for failure to thrive. The tube was removed 3 weeks ago and he was discharged to home. He is diagnosed with an

enterocutaneous fistula at the site of the old G-tube. It is important to keep his skin clean, dry and free of maceration. What is an appropriate option for maintaining healthy peri-fistula skin and controlling odor?

- A. Dressing changes every 1 to 2 hours
- B. Negative pressure wound therapy
- C. Use a wound manager or collector
- D. Use the least expensive product to contain the effluent

3. Dr. Aspen is a resident in a skilled nursing facility who frequently becomes agitated and has been known to pull on his feeding tube. The staff is concerned that he may dislodge the tube into the gastrointestinal tract. What is an accurate way to monitor the placement of the tubing?

- A. Tape the tubing to the patient's abdomen
- B. Mark the tubing entrance site with indelible ink and document the external tubing length
- C. Mark the tubing entrance site with tape
- D. Measure the external length of the tubing and pass it along in report

4. Which of the following statements regarding the functions of the stomach is true?

- A. It breaks down proteins and fats for use in building new body tissues.
- B. It secretes an intrinsic factor needed for the absorption of Vitamin B¹².
- C. It acts as a reservoir for secretions from the pancreas and gallbladder.
- D. It secretes an alkaline substance that functions to inhibit bacterial growth.

5. What term is used to describe the process of controlled elimination of urine from the bladder?

- A. Elimination Reflex
- B. Bladder Contraction Sequence
- C. Micturition Response
- D. Manipulation Reflex

6. Peristomal skin complications have been reported to be highest after which type of ostomy procedure?

- A. Colostomy
- B. Ileal Conduit
- C. Ileostomy
- D. Neobladder

7. Recommendations to prevent a peristomal hernia include which of the following?

- A. Use a mild cleanser on the peristomal skin
- B. Wear a compression dressing over the stoma and surrounding skin for 3 weeks post-op
- C. Teach patient to use a pillow on the abdomen in order to provide abdominal support
- D. Maintain weight lifting restrictions for the first year post-op

8. On assessing an ostomy patient 3 days post-op, it is noted that the stoma is discolored, limp, loose and flabby. What might the Ostomy Management Specialist suspect?

- A. Retraction of the stoma
- B. Bleeding of the stoma
- C. A normal stoma
- D. Stomal Necrosis

9. Stomal stenosis is defined as what?

- A. Bleeding from the stoma
- B. Stoma prolapse
- C. Constricted narrowing of the stoma lumen
- D. Varices

10. A patient's stoma is noted to have a section of the intestine telescoping outward. This finding is an indication of what condition?

- A. Stomal prolapse
- B. Stoma infection
- C. A vitamin deficiency
- D. A healthy stoma maturing

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

The National Alliance of Wound Care and Ostomy OMS Certification Program Candidate Agreement / Statement of Understanding

Purpose

The National Alliance of Wound Care and Ostomy (NAWCO) is dedicated to the advancement and promotion of excellence in the delivery of ostomy 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 ostomy management. This program includes the OMS professional Ostomy Management Specialist certification credentials. Successful participants in this program may become authorized to use the OMS certification credentials.

Definitions

Applicant means the individual who, in consideration for being allowed to take the ostomy management certification examinations offered by NAWCO, agreed to the terms of this NAWCO Ostomy Management Specialist Certification Program Candidate Agreement (“Agreement”). **Marks** means the service mark and logo pertaining to the certification credential OMS 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 OMS 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 OMS 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 WCC 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 WCC 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 OMS 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 non-transferable 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 OMS unless Applicant has completed the certification requirements for the OMS certification credential and has been notified by NAWCO in writing that Applicant has achieved certification status of OMS. 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 non-performance 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.

Request for Special Examination Accommodations

Please complete/return this form and the "Documentation of Disability-Related Needs" on the next page **at least six weeks prior to test date**, 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

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

Address

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

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

Special Accommodations

I request special accommodations for the _____ / _____ administration of the NAWCO OMS examination.
Month Year

Please provide (check all that applies):

- _____ Accessible testing site
- _____ Special seating
- _____ Large print test (available for paper & pencil proctored examination only)
- _____ Circle answers in test booklet (available for paper & pencil proctored examination only)
- _____ Extended testing time (available for computer examination at a PSI testing center- max 2 hours)
- _____ Separate testing area (table only at PSI testing center)
- _____ Other special accommodations (please specify)

Comments:

Signed: _____

Date: _____

Return this form with your examination application to:
National Alliance of Wound Care and Ostomy
717 St Joseph Dr #297
St Joseph, MI 49085

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 (education 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 St Joseph Dr #297
St Joseph, MI 49085

OMS Examination Application

Phone: 877-922-6292 Fax: 800-352-8339
 717 Saint Joseph Dr Ste 297
 Saint Joseph, MI 49085-2428



ANY MISSING OR INCOMPLETE INFORMATION MAY CAUSE DELAY IN PROCESSING -PLEASE PRINT LEGIBLY (4/2017)

1. PRINT NAME (as listed on your professional license) Last: _____ First: _____ MI: _____	
2. MAILING ADDRESS Street: _____ City: _____ State/Province: _____ Country: _____ Zip/Postal Code: _____	3. DATE OF BIRTH _____
Daytime Telephone: _____ Evening Telephone: _____ Email: _____ () ()	
4. PROFESSIONAL LICENSES (Check and complete all that apply) <input type="checkbox"/> LPN/LVN <input type="checkbox"/> RN <input type="checkbox"/> NP/APN <input type="checkbox"/> OT <input type="checkbox"/> OTA <input type="checkbox"/> PTA <input type="checkbox"/> PT <input type="checkbox"/> PA <input type="checkbox"/> MD/DO/DPM License Number(s): _____ State: _____ ORIGINAL Issue Date: _____ Expiration Date: _____	5. EDUCATION <input type="checkbox"/> Diploma <input type="checkbox"/> MSN <input type="checkbox"/> Associate <input type="checkbox"/> PhD <input type="checkbox"/> BS <input type="checkbox"/> MD/DO/DPM <input type="checkbox"/> BSN <input type="checkbox"/> Other: _____ <input type="checkbox"/> BA Field of Study: _____
6. OTHER BOARD CERTIFICATIONS (Check any that apply) MUST PROVIDE A COPY OF CURRENT CERTIFICATE <input type="checkbox"/> CWS Certification # _____ <input type="checkbox"/> CWCN Certification # _____ <input type="checkbox"/> CWON Certification # _____ <input type="checkbox"/> CWOCN Certification # _____	7. LICENSED EXPERIENCE/PRACTICE DIABETIC WOUND CARE <input type="checkbox"/> Two to Five years <input type="checkbox"/> More than Five but fewer than Ten <input type="checkbox"/> Ten or more Years
8. PRIMARY PLACE OF EMPLOYMENT <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Long Term Care <input type="checkbox"/> Education <input type="checkbox"/> Home Care <input type="checkbox"/> Administration <input type="checkbox"/> Independent Consultant <input type="checkbox"/> Sales	9. EXAMINATION ELIGIBILITY OPTION Must attend approved and required course with Wound Care Education Institute to be eligible for the OMS examination.
10. EXAMINATION TYPE <input type="checkbox"/> Initial Certification <input type="checkbox"/> Reinstatement of Lapsed OMS Credentials	
1. EXAMINATION APPLIED FOR: <input type="checkbox"/> Onsite following your schedule WCEI Course <input type="checkbox"/> Computerized Version at PSI Testing Center (for locations go to www.psiexams.com) Please allow 3-5 days for processing of your examination application. Once your application is approved, you will receive an examination approval by email. You will also get an email from the testing center with instructions to schedule your examination using their online system.	13. APPLICATION EXAMINATION FEES Non-refundable processing fee. \$30 Computerized Certification Examination . . \$300 Paper/Pencil Proctored Examination. . . . \$300 TOTAL AMOUNT: _____ Make checks or Money order payable in US dollars to National Alliance of Wound Care and Ostomy and submit with this application. If you wish to make your payment by credit card (Visa or MasterCard) complete Section 17. If for any reason you are deemed ineligible to sit for the examination, the \$300 exam fee will be refunded to you within two weeks.-No refunds for applications processed and approved.
ADA ACCOMMODATION <input type="checkbox"/> YES, special arrangements will be necessary for me to complete the examination. (If yes, complete forms on pages 18 & 19)	

Work Experience Verification

All candidates that do not have a current approved wound care certification must complete the following section(s) to document 1 year full-time licensed required work experience. Any missing or incomplete information will cause delay in processing. Please print clearly. (You may make copies of this page as needed to document required work experience.)

IMPORTANT NOTE: Although supervisor signature is not required except as indicated in (b) below, NAWCO will audit your experience. If misrepresentation is discovered, may deny eligibility OR revoke credential if discovered after certification.

Candidate's Name (Please print) _____

Employer _____

Employer Full Address _____

Employment Dates From: ___ / ___ / ___ to: ___ / ___ / ___ Full Time Part Time

Supervisor Name: _____ Supervisor Phone Number: _____

Supervisor Email: _____

Employer _____

Employer Full Address _____

Employment Dates From: ___ / ___ / ___ to: ___ / ___ / ___ Full Time Part Time

Supervisor Name: _____ Supervisor Phone Number: _____

Supervisor Email: _____

Employer _____

Employer Full Address _____

Employment Dates From: ___ / ___ / ___ to: ___ / ___ / ___ Full Time Part Time

Supervisor Name: _____ Supervisor Phone Number: _____

Supervisor Email: _____

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 \$300.00 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: _____

Agreement Authorization and Certification Information Release

I hereby affirm that I have been an _____ (license type) actively and directly involved in the delivery of diabetic wound care or in Management, Education or Research directly related to diabetic wound care for a MINIMUM of two years full-time or four years part-time within the past five years.

I further affirm that I am currently licensed to practice in the state of _____ .

I further affirm 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® OMS Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® OMS 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 OMS 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 OMS credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. I understand that failure to notify the NAWCO of any of the above listed disciplinary actions will result in revocation of certification and/or denial of recertification. In the event of revocation of the credential, I agree to destroy the Certificate of Certification.

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



**National Alliance of Wound Care
and Ostomy®**



National Alliance of Wound Care
and Ostomy®

National Alliance of Wound Care and Ostomy
717 St Joseph Drive Ste 297
St Joseph, MI 49085
877-922-6292
Fax: 800-352-8339