



# NATIONAL ALLIANCE OF WOUND CARE®

Wound Care Credentialing...the Mark of Distinction®

## WCC® Recertification Handbook

September, 2009



The National Alliance of Wound Care® (NAWC®) 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 NAWC® is the governing and accrediting body of the WCC® credential.

The NAWC® offers the Wound Care Certification WCC® Examination to measure academic and technical competence of eligible candidates in the area of Skin and Wound Care Management. Initial certification as a WCC® is awarded for a five (5) year period upon receiving a passing score on the examination. Upon expiration of the credentialing term, WCC®s are required to recertify with the NAWC® to maintain their credentials.

This handbook contains information regarding the Wound Care Certified, WCC®. Recertification process of the National Alliance of Wound Care®.

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®. Additional copies of the handbook may be obtained from our website: [www.nawccb.org](http://www.nawccb.org). For assistance, please call 877-922-6292.

September, 2009



Wound Care Credentialing...the Mark of Distinction®



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**NATIONAL ALLIANCE  
OF WOUND CARE®**

Wound Care Credentialing...the Mark of Distinction®

## Objectives of Recertification

Recertification is a means of providing ongoing assessment of the WCC<sup>®</sup>'s continued competence and professional growth. The NAWC<sup>®</sup> mandates recertification every five years to ensure that the WCC<sup>®</sup>'s are exposed to new clinical advancements and standards of care within the area of skin and wound management.

This assures consumers that any practitioner awarded the WCC<sup>®</sup> credential has kept abreast of any new developments. And has maintained active continuing education and practice activities to strengthen their knowledge in the area of skin and wound management.

## Administration

The WCC<sup>®</sup> recertification process is governed and administered by the National Alliance of Wound Care<sup>®</sup>.

## Credentials

Upon successful completion of the recertification process, candidates may use the initials WCC<sup>®</sup>, Wound Care Certified, to designate their status. Credentials are awarded for a five (5) year period. Upon expiration of the credentialing term, WCC<sup>®</sup>'s are required to recertify with the NAWC<sup>®</sup> to maintain their credentials. WCC<sup>®</sup> has been registered with the United States Patent and Trademark Office as the official certification mark of the National Alliance of Wound Care<sup>®</sup>.

The NAWC<sup>®</sup> will award an official numbered certificate to all candidates upon approval and completion of the NAWC<sup>®</sup> recertification program denoting status as WCC<sup>®</sup>, Wound Care Certified.

## Scope of Practice

The WCC<sup>®</sup> provides direct patient wound and skin care in ambulatory, acute, long-term care and home care settings. The WCC<sup>®</sup> plays an important role as a direct care provider, educator and resource for optimum patient outcomes in wound and skin care management.

The WCC<sup>®</sup> scope of practice is performed in accordance with legislative code and scope of practice as determined by each respective professional state regulatory board.

Skin and wound management includes the identification, assessment, management, prevention, and continuing evaluation of patients with alterations in skin/tissue integrity, that includes but is not limited to pressure, vascular, arterial and diabetic ulcerations, as well as skin conditions resulting from incontinence, surgical procedures, burns and/or trauma.

Skin and wound management is a specialized area that focuses on overall skin care, promotion of an optimal wound environment, including prevention, therapeutic and rehabilitative interventions.

Skin and wound management requires the skills of the interdisciplinary team which includes the physician, nurse, WCC<sup>®</sup>, dietitian, physical therapist, occupational therapist, social worker, and other health care disciplines or providers depending upon each individual patient assessment. The physician is the leader of the interdisciplinary care team. Skin and wound care management plans must always be prescribed by the physician.

## Recertification Deadlines

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All WCC® credentials expire on the last day of the month five years after initial certification. Expiration dates are located on your WCC® certificate.

Applications for recertification will be accepted no earlier than 6 months prior to expiration of WCC® credential and no later than postmark of expiration date.

Certification Expires last day of:	Earliest Application Submission <i>6 months prior to expiration</i>	Latest Application Submission <i>Postmark by</i>
January	July	January 31 <sup>st</sup>
February	August	February 28 <sup>th</sup>
March	September	March 31 <sup>st</sup>
April	October	April 30 <sup>th</sup>
May	November	May 31 <sup>st</sup>
June	December	June 30 <sup>th</sup>
July	January	July 31 <sup>st</sup>
August	February	August 31 <sup>st</sup>
September	March	September 30 <sup>th</sup>
October	April	October 31 <sup>st</sup>
November	May	November 30 <sup>th</sup>
December	June	December 31 <sup>st</sup>

## Recertification Fee

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\$30.00 Non-refundable application processing fee

\$300.00 Recertification fee

## Recertification Requirements

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Applicants for recertification of the WCC® credential must meet all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Physician or Physician's Assistant.
2. Current WCC® credential. (Not lapsed)
3. Payment of required fees.
4. Submission of recertification application for **one** of the following recertification options:
  - a. Examination
  - b. Training
  - c. Continuing Education (60 contact hours)
  - d. Continuing Education (30 contact hours) and Outreach Program (CEOP)

## Recertification Options

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WCC®<sup>s</sup> must choose one of the four following recertification options.

### Option 1 - Recertification by Examination

This option allows you to apply for recertification by retaking the NAWC® certification examination. The NAWC® certification exam is available in a computerized format with a total testing time of two (2) hours at various computer testing sites. A passing score is required to qualify for recertification. (See official NAWC candidate Handbook for more details [www.nawccb.org](http://www.nawccb.org))

Upon receipt of your recertification application for examination, a confirmation letter will be sent to

you with instructions for scheduling your examination. Please see the official NAWC® Candidate Examination Handbook for exam policies, procedures and study guides.

Candidates who take the certification examination and are unsuccessful may retake the examination a total of three times within one year of expiration of WCC® status. Application and fees are required for each examination.

By choosing the option of recertification by examination, WCC®s forfeit the opportunity for any other options for recertification. Example: A WCC® who fails an attempt to recertify by examination cannot then choose to recertify by continuing education credits, training program or CEOP program.

Instructions for recertification using Option 1:

1. Complete WCC® Recertification Application.
2. Complete WCC® Recertification Form Appendix A.
3. Submit both forms along with \$330 fee to  
National Alliance of Wound Care®  
PO Box 782 Benton Harbor, MI 49023
4. Application forms must be postmarked prior to expiration date of WCC® credential.

#### Option 2 - Recertification by Training

This recertification option allows candidates to attend an NAWC® approved Wound Management Certification Training Course (course only, no exam required)

NAWC® approved Wound Management Certification Training Course is offered by:  
Wound Care Education Institute  
877-462-9234  
www.wcei.net

Candidates are responsible for enrollment and course fees. Course fees are separate from recertification fees. Candidates must attend all scheduled class sessions without tardiness or absence to qualify for certificate of completion.

Completion of the Wound Management Certification Training Course must be no earlier than 1 year prior to expiration of WCC® status. Please check [www.wcei.net](http://www.wcei.net) for course locations.

Upon successful completion of the training course, submit the NAWC® recertification application along with a copy of your course certificate of completion and recertification fees.

Instructions for recertification using Option 2:

1. Contact the Wound Care Education Institute for cost and enrollment in training course.
2. Training course should be completed no earlier than 1 year prior to expiration of your WCC® credential.
3. Upon successful completion, the training course provider will issue you a course completion certificate.
4. Upon completion of the training course, complete WCC® Recertification Application. Submit application, copy of training course completion certificate and \$330 recertification fees to National Alliance of Wound Care®.  
PO Box 782 Benton Harbor, MI 49023
5. Application forms must be postmarked prior to expiration date of WCC® credential.

### Option 3 - Recertification by Continuing Education

To recertify by continuing education, sixty (60) contact hours (same as clock hours) of continuing education related to wound or skin care management must be earned within the five year certification period. All contact hours must be obtained during the five year period to ensure adequate and current continuing education. A contact hour is defined as a unit of measurement that describes 1 hour of an approved organized learning experience. (Note: A contact hour is different from a CEU. One CEU = 10 contact hours OR 10 clock hours).

To receive credit for the contact hours, the educational program must be an approved/accredited program by the state board governing your primary license or the American Nurses Credentialing Center (ANCC), American Physical Therapy Association, (APTA), National Alliance of Wound Care (NAWC<sup>®</sup>), Accreditation Council for Continuing Medical Education (ACCME), or Council on Podiatric Medical Education (CPME).

You are not required to submit copies of continuing education certificates with your recertification application. However each WCC<sup>®</sup> is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal periods (ten years). In the event you are selected by the NAWC<sup>®</sup> for an audit, you will be required to submit copies of certificates etc at that time.

The NAWC<sup>®</sup> encourages advanced education and will accept academic credits in lieu of continuing education contact hours. Academic credits must be from an accredited college or university. Credits must relate to wound management.

- 1 semester hour of college credit = 15 continuing education credits
- 1 quarter hour of college credit = 10 continuing education credits
- 1 CEU credit = 10 contact hours
- 1 contact hour = 50 minutes of education

Instructions for recertification using Option 3:

1. Complete WCC<sup>®</sup> Recertification Application.
2. Complete WCC<sup>®</sup> Recertification Form Appendix B.
3. Submit both forms along with \$330 fee to:  
National Alliance of Wound Care<sup>®</sup>  
PO Box 782 Benton Harbor, MI 49023
4. Application forms must be postmarked prior to expiration date of WCC<sup>®</sup> credential.

### Option 4 - Recertification by Continuing Education and Outreach Program (CEOP)

To qualify for recertification in the Continuing Education & Outreach Program (CEOP) WCC<sup>®</sup> must submit documentation of participation in all of the following:

1. Continuing Education - Documentation of 30 contact hours (clock hours) of continuing education related to wound or skin care management is required. A contact hour is defined as a unit of measurement that describes 1 hour of an approved organized learning experience.
  - a. To receive credit for the contact hours, the educational program must be an approved/accredited program by the state board governing your primary license or the American Nurses Credentialing Center (ANCC), American Physical Therapy Association, (APTA), National Alliance of Wound Care (NAWC<sup>®</sup>), Accreditation Council for Continuing Medical Education (ACCME), or Council on Podiatric Medical Education (CPME).
  - b. You are not required to submit copies of continuing education certificates with your recertification application. However each WCC<sup>®</sup> is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal

- periods (ten years). In the event you are selected by the NAWC<sup>®</sup> for an audit, you will be required to submit copies of certificates etc at that time.
- c. The NAWC<sup>®</sup> encourages advanced education and will accept academic credits in lieu of continuing education contact hours. Academic credits must be from an accredited college or university. Credits must relate to wound management.
    - 1 semester hour of college credit = 15 continuing education credits
    - 1 quarter hour of college credit = 10 continuing education credits
    - 1 CEU credit = 10 contact hours
    - 1 contact hour = 50 minutes of education
  2. Community Outreach Project: Each renewal candidate must provide documentation of participation/direction in a volunteer community wound care service offering. The service offering may be at a local, state, regional, national, or international level, but must be directly related to wound care services for the consumer/patient.
    - a. Examples may include: Community diabetic foot clinic, volunteering WCC<sup>®</sup>'s expertise in consultation to the uninsured and/or needy patient, wound care education presentation to community, senior centers, college/high school students, nursing homes or service groups. WCC<sup>®</sup> may contact NAWC<sup>®</sup> for approval of ideas.
  3. Each renewal candidate must provide documentation of one of the following:
    - a. Publication of a wound care article or research project in a newsletter, book, journal, or chapter of a book used for healthcare professionals or consumers. WCC<sup>®</sup>'s name must be published (listed) as the author to qualify.
    - b. Presentation of a wound care white paper or poster designed for healthcare professionals or consumers.
    - c. Leadership in a professional wound care organization, demonstrated in a volunteer capacity at a local, state, regional, national, or international level. WCC<sup>®</sup> must be an officer, board member, committee member or an approved NAWC<sup>®</sup> preceptor.
    - d. Research project in wound care conducted by WCC<sup>®</sup>. WCC<sup>®</sup>'s name must be identified as the primary/co-primary investigator or project director to meet requirement.
    - e. You are not required to submit copies of certificates, articles, research, etc with your recertification application. Unsolicited certificates will be destroyed.

#### Instructions for recertification using Option 4:

1. Complete WCC<sup>®</sup> Recertification Application.
2. Complete WCC<sup>®</sup> Recertification Form Appendix B.
3. Complete WCC<sup>®</sup> Recertification Form Appendix C.
4. Submit all 3 forms along with \$330 fee to:  
National Alliance of Wound Care<sup>®</sup>  
PO Box 782 Benton Harbor, MI 49023
5. Application forms must be postmarked prior to expiration date of WCC<sup>®</sup> credential.

## Recertification of Lapsed Credentials

Requirements for recertification of lapsed WCC<sup>®</sup> credentials are by examination only and include 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 Assistant, OR Physician.
2. Previous WCC<sup>®</sup> certification.
3. Active involvement in the care of wound care patients, or in management, education or research directly related to wound care for at least two years full-time or 4 years part-time within the past 5 years.
4. Completion of application.
5. Payment of required fee.

## Application Process

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The processing of your WCC<sup>®</sup> recertification application takes approximately 4 weeks. If your application is approved, you will receive a letter with certification maintenance information and a new certificate. Recertification of your WCC<sup>®</sup> credential will be granted for five years. If your application is denied, you will be notified in writing. Application fees are deposited upon receipt. If you withdraw your application or your application is denied, you will be issued a refund less a \$30 application processing fee.

It is not necessary to send any supporting CEU certificates with your application. Each WCC<sup>®</sup> is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal periods (ten years). In the event you are selected by the NAWC<sup>®</sup> for an audit, you will be required to submit copies of certificates, etc at that time. If questions arise during the review of your application, you will be contacted via telephone or certified mail. You will have 15 days from the day you receive the letter to respond.

Deadlines and time frames are strictly enforced and the postmark is very important; whether your application meets the deadline is determined by the postmark. This means that if you mail your application close to the application deadline, you might not learn whether your certification has been renewed until after the expiration date.

If at any time you have questions regarding the recertification process please call: NAWC 877-922-6292.

## Audit Process

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The National Alliance of Wound Care<sup>®</sup> conducts random audits to determine compliance with the recertification requirements. WCC<sup>®</sup>s selected for audit will be notified by mail within two weeks of application receipt. If audited, the documentation required for audit must be submitted to the National Alliance of Wound Care<sup>®</sup> within 30 days of notice. A WCC<sup>®</sup> may not renew his/her credential until audit documentation is received and approved by the National Alliance of Wound Care<sup>®</sup>. Non-compliance will result in recertification by examination only.

## Candidate Recertification Agreement Policy

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The National Alliance of Wound Care<sup>®</sup> (NAWC<sup>®</sup>) is dedicated to the advancement and promotion of excellence in the delivery of wound care and skin management to the consumer.

1. NAWC<sup>®</sup> has established a formally documented program under which current WCC<sup>®</sup>s can recertify to demonstrate competence relating to their proficiency in skin and wound management. This program includes the WCC<sup>®</sup> professional Wound Care Certified certification credentials. Successful participants in this program will become authorized to use the WCC<sup>®</sup> certification credential.
2. Definitions:
  - 2.1 “WCC<sup>®</sup>” means any professionals currently certified by the National Alliance of Wound Care, in consideration for being allowed to recertify by the NAWC<sup>®</sup>, agreed to the terms of this NAWC<sup>®</sup> Recertification Program Candidate Agreement (“Agreement”).
  - 2.2 “Marks” means the service mark and logo pertaining to the certification credential.
3. Recertification: Applicant’s recertification credential is based on Applicant’s successful completion of one of the four required recertification options and Applicant’s compliance with this Agreement and the requirements described in the corresponding NAWC<sup>®</sup> trademark guidelines, the terms of which are incorporated herein by reference, and which may be changed from time to time by NAWC<sup>®</sup> in its sole discretion. Applicant acknowledges that NAWC<sup>®</sup> has the right to change at any time the requirements for obtaining or maintaining any certification and/or to discontinue any certification in NAWC<sup>®</sup>s sole discretion. Once

recertification is granted, applicant may maintain Applicant's certification by completing, within the time frame specified by NAWC<sup>®</sup>, all continuing certification requirements, if any, that correspond with Applicant's WCC<sup>®</sup> credential. NAWC<sup>®</sup> is responsible for keeping Applicant informed of NAWC<sup>®</sup>'s continuing certification requirements and for maintaining Applicant's certification. If Applicant does not complete the continuing recertification requirements within the time frame specified by NAWC<sup>®</sup>, 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.

4. Notwithstanding anything in this agreement to the contrary, NAWC<sup>®</sup> has the right not to grant, continue, or renew applicant's certification if NAWC<sup>®</sup> reasonably determines that applicant's certification or use of the corresponding marks will adversely affect the NAWC<sup>®</sup>. This agreement applies to WCC<sup>®</sup> certification obtained by applicant.
5. Grant and Consideration: Subject to the terms and conditions of this Agreement, NAWC<sup>®</sup> 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 NAWC<sup>®</sup>'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 WCC<sup>®</sup> unless Applicant has completed the recertification requirements for the WCC<sup>®</sup> certification credential and has been notified by NAWC<sup>®</sup> in writing that Applicant has achieved certification status of WCC<sup>®</sup>. NAWC<sup>®</sup> 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 consenting to a new agreement may be a condition of continued certification.
6. Term and Termination.

Term. This Agreement will commence immediately upon Applicant's acceptance of the terms and conditions of this Agreement prior to approval of recertification application.

Termination by Either Party. Either party may terminate this Agreement without cause by giving thirty (30) days or more prior written notice to the other party.

Termination by NAWC<sup>®</sup>. Without prejudice to any other rights it may have under this Agreement or in law, equity, or otherwise, NAWC<sup>®</sup> 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 NAWC<sup>®</sup>, in its sole judgment, to believe that NAWC<sup>®</sup>'s reputation will be adversely affected. In the event of a Default, NAWC<sup>®</sup> 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, NAWC<sup>®</sup> 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 NAWC<sup>®</sup>'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 NAWC®.

7. Conduct of Business. Applicant shall:
  - (i) Exercise its independent business judgment in rendering services to Applicant's customers;
  - (ii) Avoid deceptive, misleading, or unethical practices which are or might be detrimental to NAWC® or its products; and
  - (iii) Refrain from making any representations, warranties, or guarantees to customers on behalf of NAWC®.
  - (iv) Without limiting the foregoing, Applicant agrees to not misrepresent Applicant's certification status or Applicant's level of skill and knowledge related thereto.
8. Indemnification By Applicant. Applicant agrees to indemnify and hold NAWC® harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against NAWC®
  - (i) by reason of Applicant's performance or non-performance under this Agreement;
  - (ii) arising out of Applicant's use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or
  - (iii) 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 NAWC® seeks indemnification under this Section, NAWC® 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, NAWC® in any manner, without the prior written consent of NAWC®. This Section shall survive termination or expiration of this Agreement and all NAWC® recertification programs for any reason.
9. Disclaimer of Warranties; Limitation of Liabilities. NAWC® 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 recertification, any NAWC® certification program, or this Agreement. NAWC® specifically disclaims any implied warranty of merchantability, fitness for a particular purpose and non-infringement of any third party rights. In no event shall NAWC® be liable for indirect, consequential, or incidental damages (including damages for loss of profits, revenue, data, or use) arising out of this Agreement, any NAWC® recertification program, or incurred by any party, whether in an action in contract or tort, even if NAWC® has been advised of the possibility of such damages. NAWC®'s liability for damages relating to any recertification, any NAWC® certification program, or this Agreement shall in no event exceed the amount of application fees actually paid to NAWC® 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 NAWC® 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 NAWC® recertification programs for any reason.
10. Retake Examination Policy. If Applicant chooses to recertify by examination, choice is considered final and other methods of recertification may not be attempted. Applicant may attempt the NAWC® WCC® certification examination up to three (3) times in a twelve (12) month period, After three unsuccessful attempts, candidates are required to attend an approved "Wound Management Certification Course" before reapplying for certification examination. Examinations that do not comply with this retake examination policy will be considered invalid and will not be eligible for refund.
11. 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 NAWC® are independent contractors and that Applicant will not represent Applicant as an agent or legal representative of NAWC®. 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.

# WOUND CARE CERTIFIED WCC® RECERTIFICATION APPLICATION

## Professional Information

Name: \_\_\_\_\_  
(As it will appear on your certificate)

Mailing Address: \_\_\_\_\_  
Street City State Zip

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

WCC® Certification Number: \_\_\_\_\_ Date of Initial WCC® Certification: \_\_\_\_\_

Professional Licenses: Check all that apply  
 LPN/LVN     RN     NP/APN     OT     PT     PTA  
 MD     DO     DPM     PA

Professional License Number(s): \_\_\_\_\_

State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## Recertification Method

Indicate your choice for recertification and complete required forms.

- Option 1 - Recertification by Examination      Forms: Appendix A
- Option 2 - Recertification by Training      Forms: Copy of Training Course Certificate
- Option 3 - Recertification by Continuing Education      Forms: Appendix B
- Option 4 - Recertification by Continuing Education and Outreach Program (CEOP)      Forms: Appendix B, Appendix C

## Recertification Agreement

By submitting this WCC® Recertification Application, I acknowledge that all supporting documentation provided is true and accurate. If the activities listed on the WCC® Activity Report or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my WCC® credential.

I affirm that I am currently licensed to practice as a \_\_\_\_\_ 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® Certification Board to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care® Certification Board to use information from my application for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

I have read and understand all the information provided in the NAWC® recertification handbook. I further agree to abide by the policies and procedures as set forth in the NAWC® recertification handbook and all conditions included in the NAWC® candidate recertification agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Payment Information

<u>Recertification Fees</u>	
Application Processing Fee (Non-refundable)	\$ 30.00
Recertification by Examination	\$300.00
Recertification by Training	\$300.00
Recertification by Continuing Education	\$300.00
Recertification by CEOP	\$300.00
Total Amount Due	\$ _____

Make checks or Money order payable in US dollars to the "National Alliance of Wound Care" and submit with recertification application to PO Box 782 Benton Harbor, MI 49023.

If you wish to make your payment by credit card (Visa, MasterCard, American Express) please complete the following credit card authorization form.

If you are deemed ineligible for recertification excluding failure of examination, the \$300 recertification fee will be refunded to you within two weeks of application processing.

## Credit Card Authorization

(Complete this section ONLY if paying by credit card)

I, \_\_\_\_\_, hereby authorize the National Alliance of Wound Care® to  
(Name exactly as it appears on card)  
charge my credit card account for the amount of the Recertification fee 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

Credit Card Billing Address: (Address where cardholder receives bill)

Street \_\_\_\_\_

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

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_

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

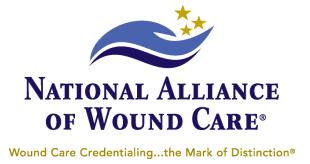
## Recertification Checklist

- Completed and signed recertification application.
- Enclose payment including recertification fee and application processing fee.

And include one of the following additional forms per recertification option:

- Recertification by Examination - Completed and attached Appendix A
- Recertification by Training - Include Copy of Training Course Certificate
- Recertification by Continuing Education - Completed and attached Appendix B
- Recertification by Continuing Education and Outreach Program (CEOP) - Completed and attached Appendix B and C

**Appendix A**  
**Wound Care Certified - WCC®**  
**RECERTIFICATION By EXAMINATION Application**



**Examination Type**

- Recertification                       Re-examination for Recertification  
Previous exam Date: \_\_\_\_\_

**ADA Accommodation**

- Yes, special arrangements will be necessary for me to complete the examination.  
If yes contact the NAWC at 877-WCC-NAWC or email: ADA [accommodations@nawccb.org](mailto:ADA_accommodations@nawccb.org)

**Information Release**

For listing in the National Alliance of Wound Care Directory, I hereby authorize the National Alliance of Wound Care® its licensees, successors, and assigns (collectively “NAWC®”) the right to publish and release my name, past and present certification status under the NAWC® WCC® Certification Directory, and state/province (collectively “Certification Information”) in print and electronic versions of a worldwide directory of NAWC® “WCC®” Certified Practitioners. I release the NAWC®, 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_













## Section Two – Publication

Complete this section if you published a wound care article or research project in a book, journal, newsletter or a chapter of a book used for healthcare professionals.

Publication	EXAMPLE	Document your activity in this column.
Date of Publication:	<i>October 1, 2006</i>	
Type of Publication:	<i>Hospital Newsletter</i>	
Title of Publication:	<i>“Touch Those Toes: Diabetic Foot Screening”</i>	
Published in:	<i>Memorial Hospital HealthLink Newsletter</i>	
Target Audience:	<i>Community healthcare Consumers, Hospital staff</i>	
Summary of Work:	<p><i>Author of article on proactive steps for prevention of diabetic foot complications. The article emphasized the importance of:</i></p> <ul style="list-style-type: none"> <li><i>- Annual diabetic foot screening</i></li> <li><i>- Pressure relieving shoes and orthotics help lower the risk of ulceration</i></li> <li><i>- Potential impact of neuropathy</i></li> <li><i>- Importance of visual foot exams at home</i></li> <li><i>- Good skin care and hygiene principles</i></li> <li><i>- Compliance with diabetes control and cardiovascular risk reduction measures</i></li> <li><i>- Indications for professional treatment</i></li> <li><i>- Appropriate intervals for office visits</i></li> </ul>	

## Section Three – Poster or White Paper

Complete this section if you presented or were involved in the presentation of a wound care poster or white paper designed for healthcare professionals or consumers.

Poster/White Paper Presentation	EXAMPLE	Document your activity in this column.
Type of presentation:	<i>Poster</i>	
Title of Presentation:	<i>“Cost Saving Associated With Use Of Foam Dressing Protocol”</i>	
When & Where Presented:	<i>WOW Annual Convention September 2005</i>	
Authors:	<i>A DeCube, RN, WCC C Moore LPN, WCC</i>	
Target Audience:	<i>Wound Care Clinicians</i>	
Summary (Abstract) of Work:	<p><i>Objective: Labor-intensive for staff and expensive in materials the application of a prescription debriding ointment with daily dressing changes was identified as an opportunity for cost-savings and an improvement in the quality-of-care. Areas of focus were patient outcomes, staff efficiency and cost. Our goal was to decrease the frequency of dressing changes by 50% and to decrease nursing home costs (labor and supply) by 50%.</i></p> <p><i>Analysis/Bench marking: The protocol was application of a prescription debriding ointment followed by gauze dressing change daily. A cause and effect analysis was completed and the protocol was found to be labor intensive and burdensome. A hydrophilic polyurethane membrane foam, moist-wound-healing protocol was started. The foam dressing was changed 1-2 times/week and was compared to the existing protocol.</i></p> <p><i>Outcomes: Average savings/patient was \$126.49/week and cost savings of the foam dressing versus the prescription ointment dressing was \$505.96/month. Time saved equaled 2.83 hours per week, which when projected to 20 patients seen for dressing changes equals 56.6 hours per week saved; further equaling one (1) full-time and one (1) part time nursing positions saved.</i></p> <p><i>Conclusion: Changing the protocol for dressing changes resulted in a 70% decrease in overall costs. Time saved by staff was also 90%. The recommendation of the study is to continue bench marking the standardized protocols for wound dressing changes as well as ongoing data collection.</i></p>	

**Section Four – Leadership**

Complete this section if you were involved in a professional wound care organization at local, state, regional, national or international level. WCC® must serve in volunteer capacity as an officer, board or committee member to meet this requirement.

Leadership	EXAMPLE	Document your activity in this column.
Name of Organization:	<i>Plainsville County Wound Care Organization</i>	
Your role:	<i>Vice President</i>	
Number of Years served:	<i>3 years</i>	
Community Served by Organization:	<i>Plainsville County Wisconsin and surrounding counties</i>	
Purpose of Organization:	<i>County wide organization of wound care clinicians from all care settings. Monthly meetings for continuing education in wound care and forum for discussion of community wound care projects.</i>	





**NATIONAL ALLIANCE  
OF WOUND CARE®**

Wound Care Credentialing...the Mark of Distinction®

PO Box 782  
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[www.nawccb.org](http://www.nawccb.org)