



DWC®  
Candidate Examination  
Handbook

October 2023

The National Alliance of Wound Care & 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 DWC® credential.

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

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

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

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

WE RECOMMEND YOU KEEP THIS CANDIDATE HANDBOOK FOR REFERENCE THROUGHOUT THE APPLICATION AND EXAMINATION PROCESS. 10/2023

### **Checklist**

- Read the Handbook cover to cover.
- Understand ALL National Alliance of Wound Care and Ostomy® policies.
- Understand the DWC® eligibility requirements and the application process.
- Read and agree to be bound by the NAWCO® Code of Ethics, Standards of Practice, Candidate Agreement and the policies and procedures.
- Fill out the application form in its entirety.
- Complete work experience verification section that documents work experience related to wound care.
- Sign your application form.
- Submit application/examination fees of \$380.00, made payable to NAWCO®.
- Include additional forms (If applicable)
  - Request for Special Examination Accommodations
  - Documentation of Disability-Related Needs
- Contact information
  - National Alliance of Wound Care and Ostomy®
  - 11817 Crestview Blvd
  - Kokomo, IN 46901
  - or fax to: 1-800-352-8339 or email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

## Table of Contents

The Need .....	4
Objectives of Certification.....	4
Credentials.....	4
Certificate of Certification.....	4
Credential Verification.....	4
Scope of Practice .....	4
Eligibility Requirements.....	5
a. Experiential Pathway .....	5
b. Continuing Education .....	5
c. Education Pathway .....	5
d. Other Diabetic Specific Specialty Certification.....	5
Fees .....	6
Code of Ethics .....	6
Diabetic Skin and Wound Management Certification Training Course.....	7
Examination Administration .....	7
Content of Examination .....	7
Application Process .....	7
Application Key Points .....	7
Revocation of Certification .....	8
Appeals .....	8
Complaints & Discipline .....	8
Recertification .....	8
Reinstatement of Lapsed Credentials .....	8
Final Ruling on Lapsed Credentials.....	9
Rules for the Examination .....	9
Accommodation Procedures.....	11
Examination Results .....	11
Review of Examinations.....	11
Retesting Policy.....	11
Reexamination .....	11
Examination Disclosure .....	12
Confidentiality .....	12
Computer Examination Procedures .....	12
Scheduling Your Examination Appointment .....	12
Reschedule of Examination Appointments .....	12
Security.....	13
Exam Tutorial.....	13
Timed Examination.....	13
Examination Results .....	13
Live Remote Proctored (LRP) Test Procedures.....	13
Scheduling Your Examination Appointment .....	13
Reschedule of Examination Appointments .....	14

Security.....	14
Exam Tutorial.....	14
Timed Examination.....	14
Examination Results .....	14
<b>Paper &amp; Pencil Test Procedures .....</b>	<b>15</b>
Admission .....	15
Reporting Time.....	15
Answer Sheets .....	15
Examination Cancelation .....	15
Examination Results .....	15
<b>Preparation for the Examination.....</b>	<b>15</b>
References for Study .....	15
<b>Content of Examination.....</b>	<b>16</b>
Examination Content Outline .....	16
<b>Sample Examination Questions.....</b>	<b>17</b>
<b>DWC® Certification Pathways at a Glance .....</b>	<b>19</b>
<b>DWC® Lapsed Credentials Options at a Glance .....</b>	<b>20</b>
<b>DWC® Certification Program-Candidate Agreement / Statement of Understanding .....</b>	<b>21</b>
Purpose.....	21
Definitions .....	21
Nondisclosure .....	21
Certification .....	21
Grant and Consideration .....	22
Term and Termination .....	22
Effect of Termination .....	22
Conduct of Business.....	22
Indemnification by Applicant .....	22
Disclaimer of Warranties; Limitation of Liabilities .....	23
General Provisions .....	23
<b>DWC® Certification Application .....</b>	<b>24</b>
<b>Request for Special Examination Accommodations .....</b>	<b>27</b>
<b>Documentation of Disability-Related Needs .....</b>	<b>28</b>
<b>NAWCO® Reexamination Application.....</b>	<b>29</b>

## **The Need**

Worldwide, there are more than 246 million people living with diabetes, with 23 million in the US alone.<sup>1</sup> Without effective prevention and control programs, projections estimate that the number of people with diabetes will continue to increase globally to 438 million by 2030.<sup>2</sup>

In developed countries, one in every six people with diabetes will develop a foot ulcer during their lifetime.<sup>3</sup> 85% of those with a foot ulcer will succumb to the ultimate consequence of limb amputation.<sup>3</sup> More than one and half million diabetes-related amputations are performed annually. Research by the International Diabetes Association shows that up to 85% of amputations resulting from diabetic foot disease are preventable.<sup>3</sup>

Without action, global rates of diabetic foot disease, and the amputations associated with its poor management, will increase alongside this forecasted rise in the prevalence of diabetes. To meet the need for specialized clinicians dedicated to the treatment and prevention of diabetic foot complications, the National Alliance of Wound Care and Ostomy® (NAWCO®) is sponsoring the Diabetic Wound Certification (DWC®).

1 National Institute of Diabetes and Digestive and Kidney Diseases. National Diabetes Statistics, 2007 fact sheet. Bethesda, MD: U.S. Department of Health and Human Services, National Institutes of Health, 2008.

2 "International Diabetes Federation. IDF Diabetes Atlas, 4th edn. Brussels, Belgium: International Diabetes Federation, 2009."

3 International Diabetes Foundation: Position Statement-The diabetic foot: amputations are preventable, May 2005

## **Objectives of Certification**

The objective of DWC® certification is to provide assurance to the public by promoting the delivery of safe and effective diabetic wound and skin management by:

1. Recognizing formally those individuals who demonstrate proficiency and mastery of knowledge, expertise, and skills in diabetic wound management above basic wound care certification.
2. Providing a standard of knowledge required for certification based upon American Diabetes Association® (ADA®) clinical practice recommendations and other evidence based practice and research in the field of diabetic wound management.
3. Establishing and measuring the level of knowledge required for certification in diabetic skin and wound management.

4. Promoting continued professional growth in diabetic skin and wound management.

## **Credentials**

Upon successful completion of the Diabetic Wound Certification examination, candidates may use the initials DWC®, Diabetic Wound Certified® to designate their status. Credentials are awarded for a five (5) year period after receiving a passing score on the examination.

Upon expiration of credentialing term, the DWC® is required to recertify with the NAWCO® to maintain their credentials.

“DWC® has been registered with the United States Patent and Trademark Office as the official certification mark of the Diabetic Wound 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® Diabetic Wound Certification examination, denoting status as DWC®, Diabetic Wound Certified®. The certificate can be downloaded on the Certificant’s Login section of the NAWCO® website.

## **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 DWC® credentials using the credential verification search feature located at [www.nawccb.org](http://www.nawccb.org).

## **Scope of Practice**

The role of the DWC® 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 DWC® is on high quality care to achieve optimum patient outcomes, cost control in diabetic wound management, and prevention of complications.

In order to assure appropriate and thorough diabetic wound management, a holistic comprehensive approach is utilized. All factors affecting healing, including considerations of systemic, psychosocial, and local factors are

reviewed. The DWC® provides direct patient care, necessary patient education, and prevention measures through comprehensive assessment, referrals, and continuing evaluation of high risk diabetic patients and all types of diabetic wounds.

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

The scope of practice for the Diabetic Wound Certified (DWC®) health care professional is performed in accordance with legislation code and scope of practice as determined by each respective professional state regulatory board along with prospective employer mandated guidelines. As with any specialty, certification does not supersede state practice acts nor does it permit a clinician to practice beyond their individual knowledge or expertise.

## **Eligibility Requirements**

Applicants for the NAWCO® DWC® certification examination **must meet all of the following criteria:**

1. Hold an active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Doctor of Podiatric Medicine, Physician or Physician Assistant.
2. Must meet **one** of the following:
  - a. Currently hold an accredited certification in wound care. (WCC, CWS, CWCN, CWON, CWOCN)

**OR**

  - b. Document active involvement in the care of diabetic patients, or in management, education or research directly related to diabetes while actively licensed for at least two (2) years full-time/four (4) years part-time within the past five (5) years
3. Must meet **one** of the following:
  - a. **Experiential Pathway**  
(Must meet one of the following:)

- i. Recognized author of published works related to the care of diabetic patients (e.g., textbooks, pocketbooks, e-books, guidelines, or peer reviewed journals).
- ii. Served as officer, committee representative, or volunteer of a nationally recognized diabetic organization.\*
- iii. Nationally known speaker that has presented diabetic related topics.

\*Nationally recognized diabetic organizations include: American Diabetes Association (ADA), American Association of American Endocrinologists (AAACE), American Association of Diabetes Educators (AADE), Juvenile Diabetes Research Foundation (JDRF).

### **b. Continuing Education**

- i. Sixty (60) Contact Hours\* of continuing education in ostomy and wound care within the past five (5) years.
- ii. Document CHs/CPEUs using the [Continuing Education Verification Form](#)

\*To receive credit, the contact hours must be from an accredited provider of continuing nursing education by American Nurses Credentialing Center's Commission on Accreditation (ANCC®); or an approved course from American Physical Therapy Association, (APTA®), National Alliance of Wound Care and Ostomy (NAWCO®), Accreditation Council for Continuing Medical Education (ACCME®), Council on Podiatric Medical Education (CPME®), or American Medical Association (AMA®), Commission on Dietetic Registration (CDR®).

### **c. Education Pathway**

- i. Successful completion of Diabetic skin and wound management training course offered online or in person and at least 20 hours in length.

### **d. Other Diabetic Specific Specialty Certification**

- i. Certified Diabetic Educator (CDE)
- ii. Certified Foot Care Nurse (CFCN)
- iii. Advanced Diabetes Management Certification (ADM)

4. Completion of application and required supporting documentation.
5. Payment of required fees.
6. Receive passing score on the NAWCO® DWC® Examination.

## **Fees**

\$30.00 non-refundable processing fee is required with all application submissions and examination fees.

Initial Certification: \$380.00

Recertification: \$380.00

Reexamination: \$380.00

Lapsed Credential Reinstatement: \$380.00

Lapsed Credential Late Fee: \$300.00

Candidates can apply and pay online. If mailing payment, 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 \$350 examination fee will be refunded within two (2) weeks. **Refunds will not be issued for any reason once you are deemed eligible to sit for the exam.**

**Initial eligibility is determined when applications are processed. The indicated intent to complete eligibility requirements on the application is considered. The approval for examination is only received once proof of the intended requirements have been submitted. Failure to complete any intended requirements does not constitute ineligibility nor is it grounds for refund.**

## **Code of Ethics**

“As a WCC®, DWC®, OMS, NWCC™, and LLE®, practitioner, I shall, within the scope of my authority”:

- Hold the safety and welfare of patients as my highest goal.
- Promote, advocate for and strive to protect the health, safety and rights of the patients in my care.
- Perform my work with honesty, diligence and responsibility.
- Execute my work according to scientific standards of objectivity, accuracy and integrity.
- Treat each patient in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity.

- Protect the confidentiality of all information obtained in the course of professional service.
- Engage only in those services for which I have the necessary knowledge, skills and experience.
- Refer patients to other professionals when specialized knowledge or expertise is needed to serve patients fully or the patient is not effecting reasonable progress with healing.
- Participate on an interdisciplinary care team and contribute to decisions that affect the well-being of patients by drawing on my knowledge, values and experiences.
- Advocate to the public and health care professionals, the importance of risk assessment and prevention of alterations in skin integrity.
- Continue to advance my knowledge and understanding of current and emerging wound care practices through education and training.
- Treat colleagues with respect and represent their qualifications, views and obligations accurately and fairly.
- Respect patient’s rights to treatment with informed and voluntary consent.
- Respect patient’s rights to refuse, modify or terminate treatment regardless of prior consent.
- Avoid any interest, activity or influence that might be in conflict with my obligation to act in the best interests of patients or the profession.
- Refuse any gifts or benefits that are intended to influence a referral, decision or treatment and are purely for personal gain and not for the good of the patient.
- Contribute time and professional expertise to activities that promote skin, wound and/or ostomy management education to other healthcare professionals and consumers. These activities may include teaching, research, consultation, service, legislative testimony, presentations to the community and participation in professional organizations.
- Collaborate with other health care professionals and the public in promoting community, national and international efforts to meet needs of wound care and/or ostomy patients.

# **Diabetic Skin and Wound Management Certification Training Course**

“The NAWCO Certification Committee does not accredit, approve, endorse, or recommend any education or training programs and/or products designed or intended to prepare candidates for DWC Certification. The Committee has no involvement in the development or delivery of such programs or products.”

NAWCO offers the Certification Examinations to measure the academic and technical competence of eligible candidates in the area of wound, lymphedema, diabetic, ostomy, and nutritional management beyond their basic knowledge

The course must be relevant to the DWC Exam domains, and can be delivered online or onsite. The course must be a minimum of 20 hours of course work.

NAWCO® education providers can be found at <https://www.nawccb.org/nawco-certification-committee-education-eligibility-criteria>

## **Examination Administration**

The Diabetic Wound Care Certification Examination is sponsored by the National Alliance of Wound Care and Ostomy®. **A passing score of 70% is required to become certified.**

Computerized versions of the examination are administered at computer based testing facilities managed by Prometric.

Paper and pencil administrations of this examination, administered by NAWCO® proctors, will be offered periodically on site at the Diabetic Wound Management Certification Training courses for those candidates registered for the live course.

## **Content of Examination**

The certification exam is an objective, multiple-choice test consisting of up to 100 questions and is available in a computerized format or paper & pencil format with a total testing time of two (2) hours.

## **Application Process**

1. Complete the NAWCO® DWC® examination application found online at [nawccb.org](http://nawccb.org).

2. Upon receipt of the completed application, the certification office will review the information and determine the applicant's eligibility to sit for the examination. An application is considered complete only if all information requested is complete, legible, and accurate.
3. Within approximately 1-2 weeks of receipt of the 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.
4. If you are attending a “Diabetic Skin & Wound Management Training Course” provided by an education provider, you will need to register separately with that provider and pay their fees. .
5. Once you successfully complete a course, you have two (2) years from the date of course completion or a total of four (4) examination attempts in which to pass the examination, whichever comes first. For further information on retesting, see our Retesting Policy on page 10.
6. Submit all of the above along with \$380 to:  
  
National Alliance of Wound Care and Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901  
Or fax to: 1-800-352-8339  
Or email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

## **Application Key Points**

- Application forms should be submitted at least one month prior to requested examination date.
- Upon receipt of the completed application the certification office will review the information and determine the applicant's eligibility to sit for the examination.
- An application is considered complete only if all information requested is complete, legible and accurate. Sufficient wound care experience must be provided with appropriate signatures on the application form.
- Within approximately 1-2 weeks of receipt of the application, a confirmation notice of

eligibility with a unique authorization number will be sent to the candidate via email.

- 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 Certification Committee within 30 days of the eligibility decision. Applicants may request a copy of the appeal policy from NAWCO®.

## **Revocation of Certification**

NAWCO® may revoke individual DWC® Certification upon the occurrence of any one or more of the following events:

1. Applicant fails to adhere to the NAWCO® code of ethics. (<https://www.nawccb.org/code-of-ethics>).
2. Any Government agency, licensing board or court finds that any services as provided by DWC® are defective or improper in any way, manner or form.
3. Use of certification credentials and/or failure to notify NAWCO® within 10 business days subsequent to revocation, suspension, probation or expiration of the primary professional license of the DWC®.
4. Applicant fails to meet recertification criteria prior to expiration date of their DWC® 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 the reputation of the NAWCO® will be adversely affected.

## **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. Candidates may request a copy of the appeal policy by contacting the NAWCO® office.

## **Complaints & Discipline**

Complaints against a DWC® may be submitted by any individual or entity. Complaints should be reported to the Certification Committee in writing to either the NAWCO® office, or email to [cynthia@nawccb.org](mailto:cynthia@nawccb.org), and should include the name of the person submitting the complaint, the name of the person the complaint is regarding along with other relevant identifying information, a detailed description of factual allegations supporting the charges, and any relevant supporting documentation. Information submitted during the complaint and investigation process is considered confidential and will be handled in accordance with the Certification Committee's Confidentiality policy. Inquiries or submissions other than complaints may be reviewed and handled by the Certification Committee or its staff members at its discretion.

## **Recertification**

Certification is awarded for a five (5) year period following successful passing of the examination. Upon expiration of the credentialing term, a DWC® is required to recertify with the NAWCO® to maintain their credentials. A DWC® may recertify by examination, training, or by continuing education. Details of the options will be emailed to candidates within one year of expiration of credential. They may also be accessed at the NAWCO® website: [nawccb.org](http://nawccb.org). Please keep your email address updated with NAWCO® at all times.

## **Reinstatement of Lapsed Credentials**

Reinstatement of a lapsed credential is not the same process as recertification. Requirements for reinstatement of lapsed DWC® credentials 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, Occupational Therapy Assistant, Physician Assistant, or Physician.
2. Previous DWC® 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 (2) years full-time or four (4) years part-time within the past five (5) years.

4. Completion of application.
  5. Payment of required fee. \$380.00 for reinstatement of certification and \$300.00 for late fee. (Total \$680.00)
  6. Choice of one of the following pathways:
    - a. Successful graduate of NAWCO® reviewed “Diabetic Skin & Wound Management Training Course”.
    - b. Receive passing score on examination within two (2) years or four (4) attempts (whichever comes first) of credentials lapse\*.
    - b. Complete the continuing education verification form. (A minimum of 60 contact hours per requirements must be documented). This form can be found at [nawccb.org](http://nawccb.org).
      - i. Copies of original “certificates of completion” forms from each continuing education program entered on your continuing education verification form may be requested.
      - ii. Certificate of completion forms must include your name, date, program title, provider, approved accrediting organization, and the number of contact hours awarded.
  7. A DWC® that successfully meets the requirements of the chosen and accepted pathway, within 2 years of the credential lapsing, will maintain their original certification number.
  8. A DWC® that does not successfully meet the requirements within 2 years of the credential lapsing, will receive a new certification number when all eligibility criteria have been met.
- b. You will be required to wait one year and meet all of the eligibility requirements again for certification under one of the existing initial certification options.
2. Reinstatement attempt **AFTER 2 YEARS**:
    - a. A credential that has lapsed beyond 2 years will not be reinstated.
    - b. If you fail to apply to reinstate your credential within two years of the credential expiration, you can apply immediately and must meet all eligibility requirements again for certification under one of the existing certification options.
    - c. A new certification number will be issued to successful candidates.
  3. If you can demonstrate that you were falsely imprisoned, held hostage or otherwise held against your will, on active duty out of the US in the military, or in a coma, and as a result, unable to complete your recertification prior to credential lapse, then you may reinstate your credential via any of the recertification options available.

## **Rules for the Examination**

1. A candidate who informs a Test Site Administrator that he or she does not wish to continue taking the examination being administered may not complete the examination later that day. If the candidate re-takes the examination at a later date, he or she must submit the reexamination fee.
2. Candidates who arrive late for the examination may not take the examination.
3. Disruptive behavior is cause for dismissal from the test site by the Test Site Administrator. No refunds will be given to candidates expelled for disruptive behavior.
4. No visitors are permitted in testing rooms (including children).
5. Candidates may not bring coats, book bags, luggage, etc. to their examination desks.
6. Only the individual named on the registration roster will be permitted to take the examination. No substitutions are allowed for registered candidates.
7. Candidates must present valid US Gov. issued picture identification that matches the name

## **Final Ruling on Lapsed Credentials**

1. Reinstatement attempt **WITHIN 2 YEARS** through Examination Pathway:
  - a. Unsuccessful: If examination pathway is chosen, after two years or four attempts, you will no longer be able to reinstate your lapsed credential.

on the authorization at check-in. The name and photo on the identification must match the candidate and the authorization provided by NAWCO. Examples of acceptable identification include driver's license, passport, military ID card, or other state-issued ID. Unacceptable identification includes an employment ID, student ID, etc. Candidates testing via LRP must present the valid identification to the web-cam for proctor validation.

8. LRP candidates will need to clear their desk and secure their testing space prior to the administration of the examination.
9. Candidates testing via LRP will be also be required to conduct a room scan for unauthorized content as part of the check-in procedures with the test proctor. During this scan, the candidate must present the entire room, desk and behind the monitor/camera. The validation time spent by the proctor prior to the start of the exam does not count against the candidate's allotted testing time.
10. Examination Misconduct - Before, during and after examination section, all examinees are expected to conduct themselves in an ethical manner and to avoid hampering the ability of fellow examinees around them to perform independently on the examination.
11. NAWCO and its testing partners maintain test administration and test security standards that are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. Before, during and after examination, all candidates are expected to conduct themselves in an ethical manner.
12. If the proctor observes the candidate violating the exam day rules, the candidate will be immediately notified. If irregular behavior continues after a warning from the proctor, is extreme, or indicates cheating, the exam session will be immediately terminated and the incident reported to the NAWCO.
13. Incidents of reported cheating will be investigated by the NAWCO®. If a candidate is found to have cheated, that candidate's exam will not be scored, and the candidate will be barred from taking any further NAWCO® examinations indefinitely. Incidents of reported cheating will be investigated by the NAWCO®. If a candidate is found to have cheated, that candidate's exam will not be scored, and the candidate will be barred from taking any further NAWCO® examinations indefinitely.
14. To take the examination via live-remote proctoring, candidates must download monitoring software as prompted by the testing vendor. The testing computer's cache is deleted before testing and after testing. Candidate key strokes and behavior are monitored, and irregular behavior may result in termination of the exam or cancellation of exam scores. LRP administrations are continuously monitored by the proctor as well as recorded via audio and video for purposes of maintaining exam security and integrity.
15. Failure to Appear - If you fail to appear for the examination, you will forfeit the entire examination fee. Waivers of exam fee forfeiture will be considered in the case of medical emergencies.
16. Medical or Other Emergencies - Waivers of withdrawal penalties or exam fee forfeiture will be considered in the case of medical emergencies. Requests for such waivers must be made in writing and supported by appropriate physician documentation. Requests must be received within three weeks following the examination. They will be reviewed on a case-by-case basis.
17. Any cell phones brought into the testing center are to be turned off and placed under/away from the desk along with the candidate's other personal items.
18. There are no scheduled breaks during the exam administration. On site and test center testers may use the restroom if needed by raising a hand to inform proctor. Only one tester may leave the room for a restroom break at a time. All belongings must remain. The testing booklet must be closed and remain in the room (for paper and pencil testing). The timer will not stop and additional time will not be added to accommodate the candidate's break. Candidates testing via live-remote proctoring are not allowed to take a break. Taking an unauthorized break will result in termination of the exam, and no refunds will be granted. Candidates should plan accordingly.

## Accommodation Procedures

An applicant may request a change in examination procedures or process due to disability, handicap, or other reason. The forms “Request for Special Accommodations” and “Documentation of Disability Needs” (located toward the back of this handbook) must be completed and received at least six weeks prior to the requested examination date. The request must be specific as to the nature of the problem. The applicant is responsible for demonstrating that the request should be granted.

## Examination Results

Your exam results will indicate “pass” or “fail”. Examination results are sent via email directly to the candidate within 7-10 business days of the exam date. The candidate must provide an email address on the examination application. Hard copy results are not available. Within two (2) weeks of receiving your emailed examination results, you will be able to download and print your certification certificate, a printable wallet ID card and your official congratulations letter. **No candidate exam results will be given by telephone or facsimile for any reason.** Exam results are released **ONLY** to the candidate via the email address.

Candidates taking the computerized version of the examination will receive their results immediately following the completion of the exam and will be able to download their documents online within 2 weeks of their exam date. Exam results are kept on file for five years.

## 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 either from NAWCO®. This request must be postmarked no later than 100 days after the test administration date.

## Retesting Policy

Candidates who take the DWC® certification examination and are unsuccessful may retake the examination for a total of three (3) additional reexamination attempts within two (2) years of attending the skin and wound management course, or within two (2) years of the original examination date. After four (4) attempts, you are required to wait for a period of one (1) year prior to taking the exam again.

Candidates can take the examination up to 4 times within a two year period of meeting NAWCO® eligibility requirements. Candidates who do not pass the examination on their first attempt will be eligible to retest immediately after the date of their first failed attempt. NAWCO® does not require a waiting period between the first and second attempts. However, between the second and third, and the third and fourth attempts, candidates will be required to wait for 30 days before they will be scheduled to retest. This will provide the candidate with time to focus on areas of weakness identified on the score report strengthening their knowledge base.

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 both an Education and an Experience eligibility option in order to retake the examination.

Candidates are encouraged to self-study or attend a wound management-training course during this time. Unsuccessful candidates are not eligible for any refunds.

## Reexamination

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 email with instructions and an application for re-examination. The application can also be downloaded on the NAWCO website at [www.nawccb.org](http://www.nawccb.org)
3. Each reexamination application submitted must be accompanied by the \$380 fee.
4. Reexamination application forms will be processed upon receipt.

5. Submit all of the above along with \$380 to:  
National Alliance of Wound Care and  
Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901  
Or fax to: 1-800-352-8339  
Or email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

## Examination Disclosure

The examination and answer sheets remain solely the property of the NAWCO®. These materials are confidential and are not available for review by any person or agency for any reason.

## 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](http://www.nawccb.org). If a certificant wishes NAWCO® to verify his or her certification status in writing for an employer, a request signed by the certificant must first be received by the NAWCO® office. [Refer to NAWCO® privacy policy.](#)

# Computer Examination Procedures

## Scheduling Your Examination Appointment

- The NAWCO® will send you a notice of eligibility once you are approved for the exam. Following that, you will receive an email from Prometric with instructions on scheduling your examination on the Prometric ISO Quality Testing website.
- A listing of available testing centers with detailed maps may be viewed at [www.isoqualitytesting.com](http://www.isoqualitytesting.com)
- **Make note of your unique NAWCO® eligibility authorization number that will be included with your NAWCO® notice of eligibility email. Without this number you cannot schedule your exam.**
- To gain admission to the testing center:
  - Present a current US Government issued photo ID that includes your current name exactly as it is listed on your examination authorization.
  - 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.)
  - **Bring the PRINTED authorization letter emailed from Prometric. Displaying the letter on a phone or other device is not accepted, and exam admission will be denied.**

## Reschedule of Examination Appointments

**If you need to cancel your examination appointment or reschedule to a different date, you must contact Prometric at 1-866-773-1114 no later than 30 days 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 reschedule your appointment after 30 days, but before 5 days of your scheduled exam, Prometric may charge a change fee. **Changes made within 5 days of a scheduled exam will be charged, unless the reason is excused by Prometric.** It is up to the candidate to provide

documentation directly to Prometric for any excused circumstances.

**Candidates who arrive late for the examination may not take the examination. If a candidate fails to appear for the examination, the entire examination fee is forfeited. The candidate will incur a rescheduling fee of \$125.**

## Security

NAWCO® and Prometric 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.

## Exam Tutorial

Prior to attempting the examination, you will be provided with a brief tutorial on the system process. The time you use for this tutorial is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the tutorial and begin the timed examination.

The tutorial is not Ostomy related and assists only in understanding how the computer-based training process works.

Following the tutorial, you will begin the actual examination.

## Timed Examination

Two (2) hours are allotted to complete the examination. If you are unsure of a question, you can skip the question and go back to it as long as you have not exhausted the 2 hours allotted to take the exam.

## 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 “DWC” credential immediately and will be able to print their DWC Certification Certificate, wallet ID card and congratulations letter within two (2) weeks of the examination date. No candidate exam results will be given by telephone or facsimile for any reason. Exam results are released ONLY to the

candidate at the testing center. Exam results are kept on file for five (5) years.

## **Live Remote Proctored (LRP) Test Procedures**

### Scheduling Your Examination

#### Appointment

- The NAWCO® will send you a notice of eligibility once you are approved for the exam. Following that, you will receive an email from Prometric with instructions for scheduling your LRP exam appointment.
- Pending available appointments, the exam may be taken 24/7 in a candidate’s own home or office.
- Before scheduling an exam appointment, candidates must review the technology requirements and exam rules specific to LRP administration to ensure compatibility. Candidates must meet the following technology requirements in order to take the exam via LRP:
  - ✓ Device: Desktop computer, laptop, or Chromebook required. Tablets and cell phones will not meet the requirements.
  - ✓ Operating System: Windows 7 or later, Mac OS X 10.8 or later
  - ✓ Internet Connection: .5 Mbps or greater
  - ✓ Hardware: 2GB or more of RAM, Microphone, Speakers (wired allowed, Bluetooth headsets are not supported), Webcam
  - ✓ Web Browser: most current version of Google Chrome
  - ✓ Screen Resolution: 1024 x 768 is the minimum required
- Candidates can perform their own systems check by going to <https://rpcandidate.prometric.com> and clicking on “Check Now”.
- Sitting for the DWC exam will involve connecting to a site outside of your network security settings and requires software download. If you are planning to take the exam at work, please speak to your IT Department to confirm the download is permitted.

## Reschedule of Examination

### Appointments

If you need to cancel your examination appointment or reschedule to a different date, you must contact Prometric at 1-866-773-1114 no later than 30 days 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 reschedule your appointment after 30 days, but before 5 days of your scheduled exam, Prometric may charge a change fee. Changes made within 5 days of a scheduled exam will be charged, unless the reason is excused by Prometric. It is up to the candidate to provide documentation directly to Prometric for any excused circumstances.

Candidates who arrive late for the examination may not take the examination. If a candidate fails to appear for the examination, the entire examination fee is forfeited. The candidate will incur a rescheduling fee of \$125 in addition to the full testing fee.

### Security

NAWCO and its testing partners maintain test administration and test security standards that are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. Before, during and after examination, all candidates are expected to conduct themselves in an ethical manner. LRP administrations are continuously monitored by the proctor and are recorded.

To take the examination via live-remote proctoring, candidates must download monitoring software as prompted by the testing vendor. The testing computer's cache is deleted before testing and after testing. Candidate key strokes and behavior are monitored, and irregular behavior may result in termination of the exam or cancellation of exam scores. Candidates may not attempt to record, copy, or otherwise compromise exam content.

If the proctor observes the candidate violating the exam day rules, the candidate will be immediately notified. If irregular behavior continues after a warning from the proctor, is extreme, or indicates cheating, the exam session will be immediately terminated and the incident reported to the NAWCO.

Incidents of reported cheating will be investigated by the NAWCO. If a candidate is found to have cheated, that candidate's exam will not be scored, and the candidate will be barred from taking any further NAWCO examinations indefinitely.

All LRP exam administrations are continuously monitored by the proctor and video and sound recorded. Recordings are available to NAWCO and are stored for 30 days by the test administration vendor. If the administration is flagged for suspected cheating, the recording is stored for one year.

### Exam Tutorial

Prior to attempting the examination, you will be provided with a brief tutorial on the system process. The time you use for this tutorial is NOT counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the tutorial and begin the timed examination.

The tutorial is not Diabetic wound related and assists only in understanding how the computer-based training process works.

Following the tutorial, you will begin the actual examination.

### Timed Examination

Two (2) hours are allotted to complete the examination. If you are unsure of a question, you can skip the question and go back to it as long as you have not exhausted the 2 hours allotted to take the exam.

### 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 "DWC" credential immediately and will be able to print their DWC Certification Certificate, wallet ID card and congratulations letter within two (2) weeks of the examination date. No candidate exam results will be given by telephone or facsimile for any reason. Exam results are released ONLY to the candidate at the testing center. Exam results are kept on file for five (5) years.

## **Paper & Pencil Test Procedures**

### **Admission**

Approved candidates (See Application Process section) will be emailed a confirmation notice of eligibility prior to the examination date. **If you elect to change your testing location (Example: Onsite to LRP) after that time, a \$75 administrative fee will apply.**

The candidate ID number is included on this approval with the candidate's name and address. To gain admission to the testing center, you **MUST** present a US Government issued photo ID that matches the name on the approval. Acceptable ID's include: driver's license, valid passport, military ID card with photo, state issued photo ID. (Unacceptable forms are employment ID, student ID, etc.) ID must be current and include candidate's current name and address.

### **Reporting Time**

The time, date and location of the paper and pencil examination are printed on the candidate's course confirmation. All candidates should report to testing location at the reporting time for registration and check-in. Two (2) hours are allotted for candidates to complete the examination.

Candidates may wear a watch to help pace themselves if they so desire. Latecomers may be admitted to the examination at the discretion of the test location supervisor, as long as the test has not been started, but candidates will not be permitted to work beyond the time scheduled for completion of the examination.

### **Answer Sheets**

Candidates will be required to enter examination answers onto a Scantron® answer form. Care should be taken to complete this form accurately to assure prompt reporting of test results. Fill in each 'bubble' completely and neatly. Answers that are not dark enough or that do not fill the circle completely may not scan properly. Erasures should be complete.

The Scantron answer form requires the use of a #2 pencil (provided at test site). Corresponding answers to examination questions are to be indicated on the answer form. No credit will be awarded for answers marked in the test book.

### **Examination Cancellation**

NAWCO® will make every effort to provide the examination onsite when scheduled. In the event of inclement weather or low volume, NAWCO will at its discretion cancel the onsite examination administration. If the examination is canceled by NAWCO®, the candidate will have two options to take the examination. The candidate may wait until the exam is scheduled in the area again, or they may be processed to take the computerized exam at Prometric at no additional charge.

### **Examination Results**

**Examination results are sent via email within 7-10 business days of exam date.** Email must be confirmed at testing site. Your exam results will indicate "pass" or "fail". Hard copy results are not available. Within two (2) weeks of receiving your emailed examination results, you will be able to download and print your certification certificate, a printable wallet ID card and your official congratulations letter. No candidate exam results will be given by telephone or facsimile for any reason. **Exam results are released ONLY to the candidate via the email address.**

### **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 wound care journals, wound care text books, and reference mat

### **References for Study**

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

American Diabetes Association, "Preventive Foot Care in Diabetes" *Diabetes Care* 2004 27: 63-64  
American Diabetes Association. Standards of Medical Care in Diabetes—2017, *Diabetes Care* 2017 Jan; 40(Supplement 1): S4-S5. <https://doi.org/10.2337/dc17-S003>

American Diabetes Association. Consensus Development Conference on Diabetic Foot Wound Care. *Diabetes Care*. 1999; 22(8):1354-1360.

Armstrong DG, Lavery LA (eds): Clinical Care of the Diabetic Foot. Third Edition Alexandria, VA, American Diabetes Association, 2016.

Bowker JH, Pfeifer MA, editors. Levin and O'Neals 'The diabetic foot'. 7<sup>th</sup> edition. Philadelphia PA: Mosby, Inc., an affiliate of Elsevier, 2008.

Edmonds M, Foster AVM, Sanders L. A practical manual of diabetic foot care. 2<sup>nd</sup> edition. Oxford: Blackwell Science, 2008.

International Working Group on the Diabetic Foot (1999) International Consensus on the Diabetic Foot Practical Guidelines. International Working Group on the Diabetic Foot, Amsterdam, The Netherlands

Hurt. Mix, Godfrey. The Salon Professional's Guide to Foot Care. Milady Salon Innovations Publishing. 1999.

Ousey, Karen, McIntosh, Caroline. Lower Extremity Wounds A Problem-Based Approach. West Sussex: John Wiley & Sons. 2008.

Sidawy, Anton N. Diabetic foot: lower extremity arterial disease and limb salvage 1st ed. Philadelphia : Lippincott Williams & Wilkins, 2006.

Sussman, Carrie, Bates-Jensen, Barbara, Wound Care: A Collaborative Practice Manual, Fourth Edition, PA: Lippincott Williams & Wilkins: 2011.

Wound, Ostomy, and Continence Nurses Society (WOCN). Guideline for management of wounds in patients with lower-extremity neuropathic disease. Glenview (IL): Wound, Ostomy, and Continence Nurses Society (WOCN); 2012.

## **Content of Examination**

The Diabetic Wound 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 Diabetic Wound 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 diabetic wound management.

The examination is weighted in approximately the following breakdown:

- Anatomy & Physiology 13%
- Diagnostics 23%
- Etiology 6%
- Examination 16%

- Multidisciplinary Care 4%
- Prevention 11%
- Treatment 27%

## **Examination Content Outline**

1. Anatomy and Physiology
  - a. Anatomy of the foot - Skin, Bones, Nails
  - b. Wound Healing
2. Etiology
  - a. Epidemiology - Diabetes, Diabetic Foot Ulcers, Amputations
  - b. Pathogenesis Diabetic Foot Ulcers - Neuropathy ( Motor, Sensory, Autonomic), Peripheral Vascular Disease, Peripheral Arterial Disease, Trauma/Infection, Associated Risk Factors
3. Diagnostics
  - a. Perfusion - Pulses, Capillary Refill, Rubor Dependency Test, Toe Brachial Pressure Index, tcpO<sub>2</sub>, Dermal Thermometry , Toe photoplethysmography
  - b. Sensory Testing - Semmes Weinstein Monofilament, Tuning Fork, Ankle Reflexes
  - c. Biomechanics - Gait evaluation, Muscle group strength, Plantar pressure measurement, Joint mobility Range of motion, Harris Mat Test, Forefoot Test
  - d. Labs - CBC, serum electrolytes, urea, creatine, blood glucose, HbA1c, serum cholesterol, triglycerides, C Reactive protein, TSH, Serum B12
  - e. Radiology
  - f. Skills - Total Contact Casting, Nail Trimming, Sharp Debridement, Toe Brachial Pressure Index, Dermal Thermometry , Toe photoplethysmography, Stump wrapping
4. Examination
  - a. History - Overall medical history, Presenting complaint, Past foot history, Diabetic History, Drug history, Family history, Psychosocial history
  - b. Dermatologic examination - Skin appearance, Color , Texture, Corns/Callus, Sub-callous hemorrhage, Anhydrosis, Xerosis, Fissures, Turgor, Thick Waxy skin
  - c. Dermatologic complications - Necrobiosis Lipoidica Diabeticorum, Diabetic Dermopathy, Diabetic Bullae, Granuloma Annulare
  - d. Nail Examination - Structure, Onychauxis, Atrophic, Color, Onychocryptosis , Paronychia, Onychomycosis , Onychogryphosis ,

## Sample Examination Questions

- e. Structure/Deformities of foot - Pes Cavus, Hammer Toes, Claw Toes, Hallux valgus, Fibrofatty padding depletion, Charcot Foot
  - f. Footwear - Fit, Type/Style, Heel, Wear pattern, Insole inspection, Socks
  - g. Diabetic Foot Ulcer Assessment - Location, Wound Base Characteristics, Classification Systems (Meggitt-Wagner, University of Texas , PEDIS)
  - h. Psychosocial Assessment
5. Prevention
    - a. Risk Classification - International Working Group on the Diabetic Foot Risk Definitions and Treatment Recommendations
    - b. Foot Ulcer/Amputation Prevention Interventions - Annual Foot screening, Footwear Selection, Patient Education
    - c. Patient Self Care - Self exams, Hygiene, Toenail care, Nutrition, Glucose Control
  6. Treatment
    - a. Diabetic Foot Ulcer Treatment
      - 1) Infection - Diagnosis, Definition, Classifications, Osteomyelitis, Treatment
      - 2) Debridement
      - 3) Dressings Local Wound Care
      - 4) Adjunctive Therapies - Bio-engineered products, Negative Pressure Therapy, Growth Factors, Hyperbaric Oxygen, Electrical Stimulation
    - b. Offloading - Total Contact Casting, Shoe Modifications, Therapeutic Footwear, Orthotics/Inserts
    - c. Skin Treatment
    - d. Nail Treatment
    - e. Callus Treatment
    - f. Nutrition
    - g. Pain Interventions
    - h. Unsalvageable foot
      - 1) Surgical Aspects - Goals, Psychosocial Factors, Pre-op Care, Post-Op Care
      - 2) Amputee Rehabilitation
  7. Multidisciplinary Care
    - a. Team Model
    - b. Overall Diabetic Foot Management Goals - Limb preservation, Patient education
    - c. Patient Education - Adult learning principals, Teen/Pediatric, Cultural considerations
    - d. Legal Aspects - Non-adherent patients, Standards of Practice
    - e. Referrals
1. The single greatest risk factor for diabetic foot ulcers is:
    - a. Venous stasis
    - b. Peripheral neuropathy
    - c. Myopathy
    - d. Congestive heart failure
  2. Diabetic foot ulcers are commonly found:
    - a. Around the ankle
    - b. Over the sacrum
    - c. On the dorsal surface of the foot
    - d. On the plantar surface of the foot
  3. All of the following provide information valuable in assessing neuropathic risk in a patient with diabetes EXCEPT:
    - a. Vibration perception
    - b. Von Willebrand Factor
    - c. Monofilament testing
    - d. Duration/control of disease
  4. A diabetic patient presents with well-circumscribed papules ranging from 1cm to 3-cm on the pretibial area. The papules have an active border that has become waxy, atrophic, with round plaques centrally. Initially, these plaques are red-brown in color but progressively became more yellow and atrophic in appearance. These would be described as:
    - a. Granuloma Annulare
    - b. Diabetic Bullae
    - c. Necrobiosis lipoidica diabetidorum
    - d. Contact dermatitis
  5. A patient with a Meggitt Wagner Ulcer Classification of 5 has:
    - a. Charcot deformity
    - b. Gangrene
    - c. Osteomyelitis
    - d. Superficial ulcer
  6. Which Toe Brachial Pressure Index indicates that arterial flow is sufficient to heal a foot ulcer?

- a. 0.3
  - b. 0.5
  - c. 0.8
  - d. 1.8
7. The goal of total contact casting for diabetic foot ulcers is:
- a. Applying pressure directly to wound bed.
  - b. Distributing pressure over the entire surface of the leg and foot.
  - c. Limiting pressure to just the wound margins.
  - d. Transferring pressure from the heel to the ball of the foot.
8. Which of the following statements does not reflect current standards of diabetic foot care?
- a. All individuals with diabetes should receive an annual foot examination to identify high-risk foot conditions. This examination should include assessment of protective sensation, foot structure and biomechanics, vascular status, and skin integrity.
  - b. Individuals with neuropathy or evidence of increased plantar pressure may be adequately managed with well-fitted walking shoes that cushion the feet and redistribute pressure.
  - c. Individuals with diabetes and high-risk foot conditions should be educated regarding their risk factors and appropriate management.
  - d. Glycemic control is fundamental to the management of diabetes. The American Diabetes Association recommends that individuals with diabetes maintain hemoglobin A1C levels to 10% or greater to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes.
9. The American Diabetes Association recommends that individuals with diabetes maintain LDL cholesterol:
- a. Under 50 mg/dL
  - b. Under 100 mg/dL
  - c. Under 150 mg/dL
  - d. Under 200 mg/dL
10. Ambulatory 63-year-old male with type II diabetes mellitus presents with Charcot arthropathy of the left foot and a left mid-foot plantar ulcer of 12 months duration. Examination reveals granulation tissue moderate serous exudate and significant callus build up around wound edges. There is no odor, pain, or sign of infection. Management interventions should focus on:
- a. Debridement of callus
  - b. Patient education and offloading
  - c. Glucose management
  - d. All of the Above

Answers: 1-(b), 2-(d), 3-(b), 4-(c), 5-(b), 6-(c), 7-(b), 8-(d), 9-(b), 10-(d)

# DWC® Certification Pathways at a Glance



## Pathway Options

#1 Eligible License	Experiential	Continuing Education	Training Course	Other Certification
Active unrestricted license: RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM	✓	✓	✓	✓

#2 Experience* (In past 5 years)	Experiential	Continuing Education	Training Course	Other Certification
Document active involvement in the care of diabetic patients, or in management, education or research directly related to diabetes while actively licensed for at least 2 years full-time or 4 years part-time in the past 5 years.	✓	✓	✓	✓
<b>OR</b>				
Currently hold one of the following certifications in wound care: WCC®, CWS®, CWCN®, CWON®, CWOCN®				
<i>*EXPERIENCE: Full-time is considered 32 hours per week. Part-time is considered less than 32 hours per week.</i>				

#3 Pathway Requirements	Experiential	Continuing Education	Training Course	Other Certification
<i>Must meet one (1) of the following</i>				
<ul style="list-style-type: none"> <li>Recognized author of published works related to the care of diabetic patients (e.g. textbooks, pocketbooks, e-books, guidelines, or peer reviewed journals)</li> <li>Served as officer, committee representative, or volunteer of a nationally known diabetic organization*</li> <li>Nationally known speaker that has presented diabetic related topics</li> </ul>	✓			
<i>*ORGANIZATIONS: ADA, AACE, AADE, JDRF</i>				
60 Contact Hours (CH)/Continuing Professional Education Units (CPEU) in diabetic skin and wound care, and nutritional continuing education within the past five (5) years		✓		
Graduation from a diabetic skin and wound management education course that meets certification committee criteria			✓	
Certified Diabetic Educator (CDE) Certified Foot Care Nurse (CFCN) Advanced Diabetes Management Certification (ADM)				✓

#4 Additional Requirements	Necessary for all Applicants
Applicants must agree to adhere to the NAWCO® Code of Ethics	✓
Completion of application and required supporting documentation	✓
Full payment of required fees	✓
Passing score on DWC Certification exam	✓

#5 Choose Your Pathway	Experiential Pathway	Continuing Education Pathway	Training Course Pathway	Other Certification Pathway
For more detailed information about each pathway, refer to the DWC Candidate Exam Handbook				

# DWC® Lapsed Credentials Options at a Glance

DWC Lapsed Certification		Options		
# 1 Eligibility		Training	Exam	Continuing Education
DWC® Lapsed Certification less than 2 years after expiration date		✓	✓	✓
Current License as RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM		✓	✓	✓
# 2 Experience*: (In the past 5 years)		Training	Exam	Continuing Education
At least two (2) years full-time or four (4) years part-time		✓	✓	✓
*EXPERIENCE: Full-time is considered 32 hours per week. Part-time is considered less than 32 hours per week.				
# 3 Requirements (Choose one of the following)		Training	Exam	Continuing Education
Graduation from a diabetic skin and wound management course that meets certification committee criteria		✓		
Passing score on DWC® Certification exam			✓	
60 Contact hours (CH)/Continuing Professional Education Units (CPEU) in diabetic skin and wound care, and nutritional continuing education				✓
Additional Requirements		Necessary for all Applicants		
Applicants must agree to adhere to the NAWCO® Code of Ethics			✓	
Completion of reinstatement application and required supporting documentation			✓	
Full payment of required fees			✓	
# 4 Choose Your Option		Training	Exam	Continuing Education
Select the option to reinstate your lapsed DWC® Certification		Training Option	Exam Option	Education Option
Final Rule on Lapsed Credential:				
If the credential has lapsed more than two years from the expiration date, certificant will be processed as a new candidate and all eligibility criteria must be met including a passing score on the certification exam				

DWC Lapsed cert 7-23

# **DWC® Certification Program- Candidate Agreement / Statement of Understanding**

## **Purpose**

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

## **Definitions**

**Applicant** means the individual who, in consideration for being allowed to take the certification examinations offered by NAWCO®, agreed to the terms of this NAWCO® Certification Program Candidate Agreement (“Agreement”).  
**Marks** means the service mark and logo pertaining to the certification credential DWC® 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 DWC® 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 DWC® 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 DWC® 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 DWC® credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. In the event of revocation of the credential, the applicant agrees the printed copy of the certification certificate will be destroyed.**

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 DWC® CERTIFICATION OBTAINED BY APPLICANT.

## Grant and Consideration

Subject to the terms and conditions of this Agreement, NAWCO® grants to Applicant a non-exclusive, personal and nontransferable license to use the Marks solely in connection with providing services corresponding to the certification credential Applicant has achieved. Applicant may use the Marks on such promotional, display, and advertising materials as may, in Applicant's reasonable judgment, promote the services corresponding to Applicant's certification credential and which are permitted by the terms of the NAWCO®'s trademark guidelines corresponding to the certification credential. Applicant may not use the Marks for any purposes that are not directly related to the provision of the services corresponding to Applicant's particular certification. Applicant may not use the Marks of DWC® unless Applicant has completed the certification requirements for the DWC® certification credential and has been notified by NAWCO® in writing that Applicant has achieved certification status of DWC®. 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"):

1. If Applicant fails to perform any of Applicant's obligations under this Agreement;
2. 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
3. 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.

4. Applicant fails to meet recertification criteria prior to expiration date of their credentials.

In the event of a Default under (2) or (3) or above, NAWCO® may immediately terminate this Agreement with no period for correction and without further notice. In the event of a Default under (1) or (4) above, or at NAWCO®'s option under (2) or (3) above, Applicant will be given thirty (30) days from receipt of notice in which to correct any Default. If Applicant fails to correct the Default within the notice period, this Agreement will automatically terminate on the last day of the notice period without further notice.

## Effect of Termination

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

## Conduct of Business

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

## Indemnification by Applicant

Applicant agrees to indemnify and hold NAWCO® harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against NAWCO® by reason of Applicant's performance or nonperformance under this Agreement; arising out of Applicant's use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or for any personal injury, product liability, or other claim arising from the promotion and/or provision of any

products or services by Applicant. In the event NAWCO® seeks indemnification under this Section, NAWCO® will notify Applicant in writing of any claim or proceeding brought against it for which it seeks indemnification under this Agreement. In no event may Applicant enter into any third party agreements which would in any manner whatsoever affect the Rights of, or bind, NAWCO® in any manner, without the prior written consent of NAWCO®. This Section shall survive termination or expiration of this Agreement and all NAWCO® certification programs for any reason.

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

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

### **General Provisions**

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



# DWC® Certification Application

ANY MISSING OR INCOMPLETE INFORMATION MAY CAUSE DELAY IN PROCESSING - (1/2018)

<b>1. PRINT NAME</b> (as it appears on your professional license) Last: _____ First: _____ MI: _____		
<b>2. MAILING ADDRESS</b> Street: _____		<b>3. DATE OF BIRTH</b> _____
City: _____	State/Province: _____	Country: _____ Zip/Postal Code: _____
Daytime Telephone: _____ ( ) ( )	Evening Telephone: _____ ( ) ( )	Email: Required for Confirmation
<b>4. PROFESSIONAL TITLE</b> (List all that apply, LPN, RN, PT, etc) License Type: _____ License Number(s): _____ State: _____ ORIGINAL Issue Date: _____ Expiration Date: _____		<b>5. EDUCATION:</b> (Diploma, BS, BSN, etc.) _____ _____ _____
<b>6. APPLICATION TYPE:</b> <input type="checkbox"/> Initial Certification <input type="checkbox"/> Lapsed Credential		
<b>7. PLACE OF EMPLOYMENT</b> (Hospital, LTC, LTAC, etc.) _____	<b>8. OTHER BOARD CERTIFICATIONS:</b> (CWS, CWOCN, CWCN, etc.) Certification: _____ #: _____ Certification: _____ #: _____	
<b>9. LICENSED EXPERIENCE/PRACTICE WOUND CARE:</b> <input type="checkbox"/> <1 Year <input type="checkbox"/> 1 - 2 Years <input type="checkbox"/> 2 - 5 years <input type="checkbox"/> >5 but <10 years <input type="checkbox"/> >10 years		
<b>10. CERTIFICATION PATHWAY</b> <input type="checkbox"/> Educational (Onsite/Online)	<b>11. EXAMINATION METHOD:</b> (If Applicable) <input type="checkbox"/> On Site at Diabetic Skin & Wound Management Course <input type="checkbox"/> Computerized Version at Prometric Testing Centers <input type="checkbox"/> Live Remote Proctored	<b>12. COURSE TYPE:</b> (If Applicable. Onsite requires location and date) <input type="checkbox"/> Online <input type="checkbox"/> Onsite: Course Location _____ Course Dates: _____
<b>13. ADA ACCOMMODATIONS</b> <input type="checkbox"/> YES, special arrangements will be necessary for me to complete the examination. (If yes, complete forms located in handbook and submit to NAWCO)	<b>14. APPLICATION-CERTIFICATION FEES</b> <input checked="" type="checkbox"/> Non-Refundable Processing Fee. . . . . \$30.00 <input type="checkbox"/> Certification Fee . . . . . \$350.00 <input type="checkbox"/> Lapsed Late Fee (If Applicable) . . . . . \$300.00 Balance Due: _____	
<b>15. WORK EXPERIENCE VERIFICATION:</b> <u>All candidates must complete the following section(s) to document required wound care related work experience.</u> Missing or incomplete information <b>will</b> cause delay in processing. Misrepresentation discovered pre or post certification may result in denial or revocation of credential.		
Employer _____  Employer Full Address _____  Employment Dates From: ____/____/____ to: ____/____/____ <input type="checkbox"/> Current Employer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time  Supervisor Name: _____    Supervisor Phone #: _____		

Employer \_\_\_\_\_

Employer Full Address \_\_\_\_\_

Employment Dates From: \_\_\_\_/\_\_\_\_/\_\_\_\_ to: \_\_\_\_/\_\_\_\_/\_\_\_\_     Current Employer?     Full Time     Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

**16. 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® DWC® Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® DWC® 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 DWC® 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 DWC® 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® DWC® Candidate Handbook. I also attest that I am aware of and acknowledge that there are no refunds granted for any reason, once this application has been submitted and payment has been made. I further agree to abide by the policies and procedures as set forth in the NAWCO Candidate Handbook and all conditions included in the NAWCO® Candidate agreement.

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's Signature\_\_\_\_\_  
Today's Date

**17. PAYMENT: CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card**

**Explanation of Fees:**

- Non-Refundable Processing Fee. . . . . \$30.00**
- Certification Fee . . . . . \$350.00**
- Lapsed Late Fee (If Applicable) . . . . . \$300.00**

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

Ostomy to charge my credit card account for the amount of \$\_\_\_\_\_ for \_\_\_\_\_.

- Visa                       MasterCard                       American Express (NO DISCOVER)

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: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Request for Special Examination Accommodations**

Please complete/return this form and the “Documentation of Disability-Related Needs” on the next page at **least six (6) 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	Email
-------------------	-----	-------

### **Special Accommodations**

I request special accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the NAWCO® DWC® 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 Prometric testing center - max 2 hours)
  - Separate testing area (table only at Prometric 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®  
11817 Crestview Blvd  
Kokomo, IN 46901  
Or fax to: 1-800-352-8339  
Or email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

## **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®  
11817 Crestview Blvd  
Kokomo, IN 46901  
Or fax to: 1-800-352-8339  
Or email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

# NAWCO® Reexamination Application



<b>1. PRINT NAME:</b> (As listed on your Professional License) <b>ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RE-EXAM</b> <small>LAST: _____ FIRST: _____ MIDDLE: _____</small>	
<b>2. MAILING ADDRESS:</b> (Street, City, State & Zip Code) _____	
<b>3. DAYTIME TELEPHONE #</b> _____	<b>E-MAIL:</b> _____
<b>4. SELECT CREDENTIAL FOR RE-EXAM:</b> <input type="checkbox"/> WCC <input type="checkbox"/> DWC <input type="checkbox"/> LLE <input type="checkbox"/> OMS <input type="checkbox"/> NWCC	<b>5. <input type="checkbox"/> ADA</b> Please contact me
<b>5. PROFESSIONAL TITLE (LPN, RN, PT, etc)</b> License Type: _____ License #(s): _____ State: _____ ORIGINAL Issue Date: _____ Expiration Date: _____	
<b>7. APPLICATION-CERTIFICATION FEES :</b> <input checked="" type="checkbox"/> Non-Refundable Processing Fee. & Examination Fee . . . . . \$380.00	
<b>8. CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card</b>  I, _____, hereby authorize the National Alliance of Wound Care and (Name exactly as it appears on card)  Ostomy to charge my credit card account for the amount of the fee of \$350.00 plus Application fee of \$30.00.  <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express (NO DISCOVER)  Credit Card Number _____ Expiration Date ____/____ Security Code* _____ <small>*3-digit code found on signature strip at the end of a series of numbers</small> Credit Card Billing Address: (Address where cardholder receives bill)  Street _____  City _____ State _____ Zip _____ Telephone: _____  Cardholder Signature: _____ Date: _____	
<b>9. CERTIFICATION INFORMATION RELEASE (Directory Listing Inclusion) and AGREEMENT AUTHORIZATION</b>  I hereby authorize the National Alliance of Wound Care and Ostomy® its licensees, successors, and assigns (collectively NAWCO®) the right to publish and release my name, past and present certification status, and state/province (collectively "Certification Information") under the NAWCO® Certification Directory in print and electronic versions of a worldwide directory of NAWCO® 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 further affirm that I am currently licensed to practice as a(n) _____ 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 inquiries and investigations deemed 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 have read and understand all the information provided in the NAWCO® Candidate Handbook. I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential. 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 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 credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. In the event of non-renewal or revocation of the credential, I agree to return the Certificate of Certification via postal mail to the NAWCO® address listed on the website at <a href="http://www.nawccb.org">www.nawccb.org</a> . By signing this agreement, I hereby swear and attest to all the contents of the Candidate Agreement/Statement of Understanding contained within the Candidate Handbook. I also attest that I am aware of and acknowledge that there are no refunds granted for any reason, once this application has been submitted and payment has been made. I further agree to abide by the policies and procedures as set forth in the NAWCO® Candidate Handbook and all conditions included in the NAWCO® Candidate agreement.  Applicant Signature _____ Date: _____	



National Alliance of Wound Care  
and Ostomy®

RETURN COMPLETED APPLICATION WITH FEES TO:

National Alliance of Wound Care and Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901  
Or fax to: 1-800-352-8339  
Or email to: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)