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

## Preparation for the Examination

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

### References for Study

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

#### Key items:

1. Edema Solutions for Wound Specialists Course Workbook. Norton School of Lymphatic Therapy & Wound Care
2. [www.nawco.org](http://www.nawco.org) Lymphology, M. Foeldi, E. Foeldi, Elsevier, 2<sup>nd</sup> Edition December 2006.

### Sample Examination Questions

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

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

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

Which of the following are superficial veins?

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

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

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

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

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

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

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

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

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

8. Left untreated, phlebo-lymphedema can progress.

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

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

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

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

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

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

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

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

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

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## Purpose

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

## Definitions

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

## Nondisclosure

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

## Certification

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

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

### **Grant and Consideration**

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

### **Term and Termination**

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

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

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

### **Effect of Termination**

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

### **Conduct of Business**

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

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

### **Indemnification by Applicant**

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

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

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

### **General Provisions**

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



# LLE® Examination Application

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

717 Saint Joseph Dr Ste 297

Saint Joseph, MI 49085-2428

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

**PLEASE PRINT LEGIBLY**



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

## Agreement Authorization and Certification Information Release

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

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

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

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

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

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

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

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

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

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

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

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

to charge my credit card account for the amount of the Certification Examination of \$300.00 plus Application fee of \$30.00.

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

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

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

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

## Request for Special Examination Accommodations

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

### Applicant Information

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Last Name	First Name	Middle Name
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Address

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City	State	Zip Code
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Daytime Telephone	Fax	E-mail
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#### Special Accommodations

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

Month    Year

Please provide (check all that applies):

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

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Comments:

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

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

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

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

### **Professional Documentation**

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

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

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

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

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

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

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

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

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

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

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



National Alliance of Wound Care  
and Ostomy®

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