



LLE  
Recertification  
Handbook

May 2016

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

The NAWCO offers the Lymphedema Lower Extremity LLE Examination to measure academic and technical competence of eligible candidates in the area of Lymphedema Lower Extremity Management. Initial certification as an LLE is awarded for a five (5) year period upon receiving a passing score on the examination. Upon expiration of the credentialing term, the LLE is required to recertify with the NAWCO to maintain their credentials.

This handbook contains information regarding the Lymphedema Lower Extremity, LLE: Recertification process of the National Alliance of Wound Care and Ostomy.

To avoid problems in processing your application, it is important that you follow the guidelines outlined in this handbook and comply with our required deadlines. If you have any questions about the policies, procedures, or processing of your application after reading this handbook, please contact the National Alliance of Wound Care and Ostomy. Additional copies of the handbook may be obtained from our website: [www.nawccb.org](http://www.nawccb.org). For assistance, please call 877-922-6292 x712

May 2016



National Alliance of Wound Care  
and Ostomy®

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## Objectives of Recertification

Recertification is a means of providing ongoing assessment of the LLE's continued competence and professional growth. The NAWCO mandates recertification every five years to ensure that the LLE is exposed to new clinical advancements and standards of care within the area of lymphedema lower extremity management.

This assures consumers that any practitioner awarded the LLE credential has kept abreast of any new developments and has maintained active continuing education and practice activities to strengthen their knowledge in the area of lymphedema lower extremity management.

## Administration

The LLE recertification process is governed and administered by the National Alliance of Wound Care and Ostomy and its Certification Committee.

## Credentials

Upon successful completion of the recertification process, candidates may continue to use the initials LLE, Lymphedema Lower Extremity Certified, to designate their status. Credentials are awarded for a five (5) year period.

Upon expiration of the credentialing term, the LLE is required to recertify with the NAWCO to maintain their credentials. LLE has been registered with the United States Patent and Trademark Office as the official certification mark of the National Alliance of Wound Care and Ostomy.

The NAWCO will award an official numbered certificate to all candidates upon approval and completion of the NAWCO recertification program denoting status as LLE, Lymphedema Lower Extremity Certified. Certificates of Certification remain the sole property of the NAWCO and must be returned to the NAWCO in the event of revocation of the credential.

## Scope of Practice

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

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

Lower extremity lymphedema, edema and wound management are specialized areas that focus on overall skin care and promotion of an optimal wound environment through reduction of edema and lymphedema. This therapeutic approach includes intensive rehabilitative interventions followed by education in self-care measures to prevent disease progression.

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

## Recertification Deadlines

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All LLE credentials expire five years to the date after initial certification. Expiration dates are located on your LLE certificate. Applications for recertification will be accepted no earlier than 6 months prior to expiration of LLE credential and no later than postmark of expiration date.

Certification Month and Day Expires:	Earliest Application Submission <i>6 months prior to expiration</i>
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

## Recertification Fee (Non-Refundable)

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\$30.00 Application processing fee  
\$300.00 Recertification fee

## Recertification Requirements

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

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Physician or Physician Assistant.
2. Current LLE credential. (Not lapsed)
3. Payment of required fees.
4. Submission of recertification application for **one** of the following recertification options:
  - Examination
  - Continuing Education (60 contact hours)

## Recertification Options

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The LLE must choose one of the three following recertification options:

### Option 1 - Recertification by Examination

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

You may apply and take the examination for recertification beginning six (6) months prior to expiration of your credential. Upon receipt of your recertification application for examination, a confirmation letter will be sent to you with instructions for scheduling your examination. Please

see the official NAWCO LLE Candidate Examination Handbook for exam policies, procedures and study references.

Candidates who take the examination for recertification and are unsuccessful may retake the examination three (3) additional times for a total of four (4) attempts within the last (6) months prior to credential expiration date. If you are unsuccessful after four (4) attempts, you would be required to wait one (1) year prior to reapplying under the rules for Reinstatement of Lapsed Credentials. If, however, you do not complete four (4) exam attempts, you do not have to wait one (1) year prior to reapplying under the rules for Reinstatement of Lapsed Credentials.

All applications must be submitted and exam must be passed prior to expiration of LLE status. Application and \$330 fees are required for each examination. Candidates who do not successfully pass the examination prior to the expiration date of their credentials will be considered “lapsed”. Please refer to “Reinstatement of Lapsed Credentials” section for further information.

By choosing the option of recertification by examination, the LLE forfeits the opportunity for any other options for recertification. Example: An LLE who fails an attempt to recertify by examination cannot then choose to recertify by continuing education credits, or training program.

#### Instructions for recertification using Option 1:

1. Complete LLE Recertification Application.
2. Complete LLE Recertification Form Appendix A.
3. Submit both forms along with \$330 fee to  
National Alliance of Wound Care and Ostomy  
717 Saint Joseph Dr Ste 297 Saint Joseph, MI 49085-2428
4. Application forms must be submitted and exam passed prior to certification renewal date.

#### **Option 2 - Recertification by Continuing Education**

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

To receive credit for the contact hours, the educational program must be approved/accredited by either the state board governing your primary license (or any state board governing the professional license type under which you practice), the American Nurses Credentialing Center (ANCC), American Physical Therapy Association, (APTA), Accreditation Council for Continuing Medical Education (ACCME), or Council on Podiatric Medical Education (CPME).

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

## Instructions for recertification using Option 2:

1. Complete LLE Recertification Application.
2. Complete LLE Recertification Form Appendix B.
3. Submit both forms along with \$330 fee to:  
National Alliance of Wound Care and Ostomy  
717 Saint Joseph Dr Ste 297 Saint Joseph, MI 49085-2428  
-or- by fax at 800-352-8339
4. Application forms must be postmarked (or faxed) prior to expiration date of LLE credential.

## Reinstatement of Lapsed Credentials

Requirements for reinstatement of lapsed LLE credentials are by examination only and include all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Physician Assistant, OR Physician.
2. Previous LLE certification.
3. Active involvement in the care of lymphedema patients, or in management, education or research directly related to lymphedema for at least two years full-time or 4 years part-time within the past 5 years.
4. Completion of application.
5. Payment of required fee.
6. Receive passing score on examination within two years or four attempts (whichever comes first) of credentials lapse\*.

\*After two years/four attempts, you will no longer be able to reinstate your lapsed credentials. You will be required to wait one year and will need to meet all the eligibility requirements again for certification under one of the existing certification options.

\*\*If you fail to attempt to recertify within two years of credential expiration and allow your credential to lapse, you do not need to wait one year before meeting the eligibility requirements again for certification under one of the existing certification options.

\*\*\*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.

## Application Process

The processing of your LLE recertification application takes approximately 4 weeks. If your application is approved, you will receive a letter with certification maintenance information and a new certificate. Recertification of your LLE credential will be granted for five years. If your application is denied, you will be notified in writing. Application fees are deposited upon receipt. If you withdraw your application after submission, there are no refunds. If your application is denied, you will be issued a refund less a \$30 application processing fee.

It is not necessary to send any supporting CEU certificates with your application. Each LLE is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal periods (ten years). In the event you are selected by the NAWCO for an audit, you will be required to submit copies of certificates, etc. at that time. If questions arise

during the review of your application, you will be contacted via telephone or certified mail. You will have 15 days from the day you receive the letter to respond.

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

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

## Audit Process

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

## Candidate Recertification Agreement Policy / Statement of Understanding

The National Alliance of Wound Care and Ostomy (NAWCO) is dedicated to the advancement and promotion of excellence in the delivery of lymphedema lower extremity management to the consumer.

1. NAWCO has established a formally documented program under which current LLE can recertify to demonstrate competence relating to their proficiency in lower extremity lymphedema management. This program includes the LLE professional Lower Lymphedema Extremity certification credentials. Successful participants in this program will become authorized to use the LLE certification credential.
2. Definitions:
  - 2.1 "LLE" means any professionals currently certified by the National Alliance of Wound Care and Ostomy, in consideration for being allowed to recertify by the NAWCO, agreed to the terms of this NAWCO Recertification Program Candidate Agreement ("Agreement").
  - 2.2 "Marks" means the service mark and logo pertaining to the certification credential.
3. Recertification: Applicant's recertification credential is based on Applicant's successful completion of one of the four required recertification options and Applicant's compliance with this Agreement and the requirements described in the corresponding 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 in NAWCO's sole discretion. Once recertification 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. NAWCO 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 recertification 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. In the event of revocation of the credential, the applicant agrees to return the Certificate of Certification via postal mail to the NAWCO address listed on the website at [www.nawccb.org](http://www.nawccb.org).

4. 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.
5. Grant and Consideration: Subject to the terms and conditions of this Agreement, NAWCO grants to Applicant a non-exclusive, personal and non-transferable license to use the Marks solely in connection with providing services corresponding to the certification credential Applicant has achieved. Applicant may use the Marks on such promotional, display, and advertising materials as may, in Applicant's reasonable judgment, promote the services corresponding to Applicant's certification credential and which are permitted by the terms of the NAWCOs 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 recertification 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 consenting to a new agreement may be a condition of continued certification.
6. Term and Termination  
Term: This Agreement will commence immediately upon Applicant's acceptance of the terms and conditions of this Agreement prior to approval of recertification application.  
Termination by Either Party. Either party may terminate this Agreement without cause by giving thirty (30) days or more prior written notice to the other party.  
Termination by 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.

7. Conduct of Business. Applicant shall:
  - (i) Exercise its independent business judgment in rendering services to Applicant's customers;
  - (ii) Avoid deceptive, misleading, or unethical practices which are or might be detrimental to NAWCO or its products; and
  - (iii) Refrain from making any representations, warranties, or guarantees to customers on behalf of NAWCO.
  - (iv) Without limiting the foregoing, Applicant agrees to not misrepresent Applicant's certification status or Applicant's level of skill and knowledge related thereto.
  
8. Indemnification By Applicant: Applicant agrees to indemnify and hold NAWCO harmless against any loss, liability, damage, cost or expense (including reasonable legal fees) arising out of any claims or suits made against NAWCO
  - (i) by reason of Applicant's performance or non-performance under this Agreement;
  - (ii) arising out of Applicant's use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or
  - (iii) for any personal injury, product liability, or other claim arising from the promotion and/or provision of any products or services by Applicant. In the event 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 recertification programs for any reason.
  
9. 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 recertification, 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 recertification 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 recertification, 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 recertification programs for any reason.
  
10. 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.

# LYMPHEDEMA LOWER EXTREMITY CERTIFIED LLE® RECERTIFICATION APPLICATION



Name: \_\_\_\_\_  
(As it appears on your professional license)

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

LLE Certification Number: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### Professional Licenses: Check all that apply

LPN/LVN  RN  NP/APN  OT  PT  PTA  MD  DO  DPM  PA

Professional License Information #: \_\_\_\_\_ State: \_\_\_\_\_ Original Issue Date: \_\_\_/\_\_\_/\_\_\_ Expiration: \_\_\_/\_\_\_/\_\_\_

Primary Place of Employment- Current Employer: \_\_\_\_\_

Hospital  Long Term Care  Home Care  Independent Consultant  Outpatient  Education  Admin  Sales

### Recertification Method

Indicate your choice for recertification and complete required forms.

Option 1 - Recertification by Examination Forms: Appendix A

Option 2 - Recertification by Continuing Education Forms: Appendix B

### Recertification Agreement and Directory Inclusion

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

I affirm that I am currently licensed to practice as a \_\_\_\_\_ in the state of \_\_\_\_\_.

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

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

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

For listing in the National Alliance of Wound Care and Ostomy Directory, 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 under the NAWCO LLE Certification Directory, and state/province (collectively "Certification Information") in print and electronic versions of a worldwide directory of NAWCO "LLE" Certified Practitioners.

If the NAWCO, is 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. 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. In the event of revocation of the credential, I agree to return the Certificate of Certification via postal mail to the NAWCO address listed on the website at [www.nawccb.org](http://www.nawccb.org).

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

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

## Payment Information

### Recertification Fees\*\*

Recertification by Examination	\$300.00
Recertification by Continuing Education	\$300.00
Application Processing Fee	\$ 30.00
Total Amount Due	<b>\$330.00</b>

Make checks or Money order payable in US dollars to the "National Alliance of Wound Care and Ostomy" and submit with recertification application to **717 Saint Joseph Dr Ste 297 Saint Joseph, MI 49085-2428-OR- By Fax to 800-352-8339**

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

\*\*If you are deemed ineligible for recertification, excluding failure of examination, the \$300 recertification fee will be refunded to you within two weeks of application processing. If you withdraw your application after submission, you are not eligible for any refunds.

## Credit Card Authorization

(Complete this section ONLY if paying by credit card)

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 Recertification fee of \$300.00 plus Application fee of \$30.00.

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: \_\_\_\_\_

## Recertification Checklist

- Completed and signed recertification application.
- Enclose payment including recertification fee and application processing fee  
and include one of the following additional forms per recertification option:
- Recertification by Examination - Completed and attached Appendix A
- Recertification by Continuing Education - Completed and attached Appendix B

**Appendix A**  
**Lymphedema Lower Extremity Certified - LLE RECERTIFICATION**  
**By EXAMINATION Application**

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**Examination Type**

Recertification

ADA Accommodations

Yes, special arrangements will be necessary for me to complete the examination under the Americans with Disabilities Act. If yes contact the NAWCO at 877-922-6292 or email: ADA [Information@nawccb.org](mailto:ADA_Information@nawccb.org)

**Appendix B-Page 1**  
**LYMPHEDEMA LOWER EXTREMITY CERTIFIED - LLE**  
**CONTINUING EDUCATION RECORD**



Instructions: Use this form to document your continuing education credits for Recertification Option 3- Recertification by Continuing Education. DO NOT submit copies of your continuing education certificates; however keep copies of certificates for your records in case you are audited. If course titles do not clearly reflect the course's relevance to lymphedema or wound care, include a brief description of how the course impacts your practice. LLE Recertification by continuing education requires documentation of completion of a minimum of 60 contact hours during the five year certification period.

**Contact Hour Equivalencies**

1 contact hour = approximately 50 minutes actual education time

Name \_\_\_\_\_ LLE Certification Number \_\_\_\_\_  
 First Last MI

<b>Record of Lymphedema Care Continuing Education (Keep copy of certificates for your records) PLEASE PRINT</b>				
Date	Title/Subject Matter/Content	Sponsor, Provider or Institution	Location	Contact Hours
Sub-Total Contact Hours				











National Alliance of Wound Care  
and Ostomy®

717 Saint Joseph Dr Ste 297  
Saint Joseph, MI 49085-2428  
877-922-6292  
[www.nawccb.org](http://www.nawccb.org)