



OMS Candidate Examination Handbook

September 2020

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

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

The NAWCO® offers the "Ostomy Management Specialist® Certification Examination" to measure the academic and technical competence of eligible candidates in the area of Ostomy Management beyond their basic licensure. The OMS credential is performed in accordance with legislation code and practice guidelines as determined by each respective professional state regulatory/licensing board. Therefore, OMS certification alone does not determine a practitioner's scope of practice.

NAWCO® does not discriminate against any individual on the basis of race, color, creed, age, sex, national origin, religion, disability, marital status, parental status, ancestry, sexual orientation, military discharge status, source of income or any other reason prohibited by law. Individuals applying for the examination will be judged solely on the published eligibility requirements.

This handbook contains information regarding the Ostomy Management Specialist® Certification examination process of the National Alliance of Wound Care and Ostomy®

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

WE RECOMMEND YOU KEEP THIS CANDIDATE HANDBOOK FOR REFERENCE THROUGHOUT THE APPLICATION AND EXAMINATION PROCESS. 1/2018

Checklist

- ☛ Read the Handbook cover to cover.
- ☛ Understand ALL National Alliance of Wound Care and Ostomy® policies.
- ☛ Understand the OMS eligibility requirements and the application process.
- ☛ Fill out the application form in its entirety.
- ☛ Sign your application form.
- ☛ Submit application/examination fees of \$380.00, made payable to NAWCO®. Include additional forms if applicable
 - Request for Special Accommodations Form
 - 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: admin@nawccb.org

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The Need

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

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

Postoperatively, patients will often report a loss of confidence, independence, and dignity, as well as fears of rejection and ridicule.³

Additional research shows that successful adjustment to a colostomy and improved quality of life is most likely to occur if instruction in self-care and appropriate psychological support is given by a specialized stoma/ostomy clinician.^{4,5}

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

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

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

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

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

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

recommendations and other evidence based practice and research in the field of ostomy management.

3. Establishing and measuring the level of knowledge required for certification in ostomy management.
4. Promoting continued professional growth in ostomy management.

Scope of Practice

The National Alliance of Wound Care and Ostomy® provides certification to various disciplines in healthcare.

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

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

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

The OMS provides direct patient care, patient education, ostomy management techniques, and prevention measures through comprehensive assessment, referrals, and continuing evaluation of ostomy patients and any related skin complications, appliance needs, and psychosocial support.

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

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

The scope of practice established by the National Alliance of Wound Care and Ostomy® provides each certified health care provider with an understanding of their role and responsibilities as

Objectives of OMS Certification

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

1. Recognizing formally those individuals who demonstrate proficiency and mastery of knowledge, expertise, and skills in ostomy management above basic licensure.
2. Providing a standard of knowledge required for certification based upon clinical practice

a member of the interdisciplinary wound care team.

Advanced Practice Registered Nurse (APRN)

Role: The APRN works independently or in collaboration with a physician (according to state practice acts and facility/agency policies) to lead the interdisciplinary team to plan and provide care for the patient at risk of or with ostomy care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.
- b. Independently or in collaboration with the physician comprehensively assesses and establishes diagnosis, prognosis, and appropriate stoma/peristomal and wound care treatment.
- c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary team to establish and provide a comprehensive approach to ostomy management that includes all disciplines and promotes optimum outcomes.
- d. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements ostomy care, preventative skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.
- e. Collaborates with other professionals to promote research and assess findings to establish updated, relevant approaches to improve ostomy care, wound prevention, and wound care practices.
- f. Collaborates with other team members to promote the facility or agency quality improvement program.

Registered Nurse (RN)

Role: The RN plays a key role in oversight of the patient at-risk of or with ostomy and wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. Develops and implements ostomy care, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.
- c. In conjunction with prescribing providers orders (physician, APRN, physician assistant), provides consultation and/or hands-on care for wound prevention or ostomy management. Performs comprehensive assessments and reassessments to determine the most appropriate and cost-effective use of ostomy appliances and wound management products and resources. Hands-on care may include conservative sharp debridement/chemical cauterization with a provider order, application training, and ostomy support per facility guidelines and if allowed according to individual state practice act.
- d. Delegates appropriate wound prevention and wound care actions to LPN/LVNs and unlicensed assistive personnel (e.g. health technicians, nursing assistants).
- e. As an interdisciplinary team member, collaborates to establish individualized, comprehensive care plans that promote wound prevention and healing, ostomy awareness and care, and patient and family education.
- f. Establishes, reevaluates and revises facility policies, procedures, and guidelines governing ostomy and wound care, based on needs, evidenced-based trends, and industry changes.
- g. Observes patient's response to ostomy and wound status, reporting any changes to the provider or supervising clinician, according to facility or agency guidelines.
- h. Provides and reinforces education to patients, family members/caregivers, and facility/agency staff regarding preventative measures, interventions, and individualized patient treatment plans.
- i. As a patient advocate, promotes facility/agency-based quality improvement that addresses ostomy education and treatment of this specialized population.

Licensed Practical Nurse/Licensed Vocational Nurse (LPN/LVN)

Role: Under the supervision, delegation, and guidance of the registered nurse or prescribing provider (e.g. physician, APRN, or physician's assistant), the LPN/LVN provides the prescribed care to the patient at-risk of or with ostomy and wound care needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As an interdisciplinary wound care team member, provides input for care plan consideration that promotes appropriate ostomy care, wound prevention and healing.
- c. Implements preventative care, monitors skin status, and performs treatments per orders in the individualized patient's ostomy management and treatment plan.
- d. Provides and reinforces education to patients, family members/caregivers, and facility/agency staff that is consistent with the established care plan for preventative measures, interventions, and individualized patient treatments.
- e. Observes patient's response and ostomy status, reporting any changes to the registered nurse or supervising clinician, according to facility or agency guidelines.
- f. Contributes to the facility or agency quality improvement program, as assigned.

Physical Therapist (PT)/Occupational Therapist (OT)

Role: The PT and OT plays a role in oversight of the patient with ostomy care needs while working under the guidance of a prescribing provider (e.g. physician, APR, Physician Assistant).

Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As part of the interdisciplinary team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote healing, provides input for care plan consideration and implementation per established protocols.

- c. In conjunction with prescribing providers orders (physician, APRN, physician assistant), provides consultation and/or hands-on care for ostomy patients.
- d. Delegates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, to PT assistants and OT assistants.
- e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state's scope of practice for therapy clinicians.
- f. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan to patients, family members/caregivers, and facility/agency staff.
- g. Observes patient's response and ostomy status, reporting any changes to the supervising clinician, according to facility or agency guidelines.
- h. Contributes to the facility or agency quality improvement program, as assigned.

Physical Therapy Assistant (PTA)

Role: The PTA plays a key role in oversight of the patient at-risk of or with wound care needs while working under the supervision of a Physical Therapist (PT). Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As part of the interdisciplinary team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote ostomy care, acceptance as well as wound prevention and healing, provides input for care plan consideration and implementation per established protocols.
- c. In conjunction with prescribing provider's orders (physician, APRN, physician assistant), and supervision of the PT, provides consultation and/or hands-on care for ostomy patients.
- d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the PT.

- e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state's scope of practice for PTAs.
- f. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan (e.g. proper positioning, mobility), to patients, family members/caregivers, and facility/agency staff.
- g. Observes patient's response to ostomy and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.
- h. Contributes to the facility or agency quality improvement program, as assigned.

Occupational Therapy Assistant/ Licensed (OTA)

Role: The OTA plays a key role in oversight of the patient at-risk of or with ostomy care needs while working under the supervision of an Occupational Therapist (OT). Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure.
- b. As part of the interdisciplinary wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote healing, provides input for care plan consideration and implementation per established protocols.
- c. In conjunction with prescribing provider's orders (physician, APRN, physician assistant), and supervision of the OT, provides consultation and/or hands-on care for ostomy patients.
- d. Initiates appropriate actions for adjunctive modalities specific to therapy administration, as part of an established individualized plan of care, and as directed by the OT.
- e. Assesses, recommends, and provides adjunctive modalities specific to therapy administration within the state's scope of practice for OTAs.
- f. Provides and reinforces education, consistent with therapy-related aspects of the individualized care plan, to patients, family

members/caregivers, and facility/agency staff.

- g. Observes patient's response and ostomy status, reporting any changes to the supervising clinician, according to facility or agency guidelines.
- h. Contributes to the facility or agency quality improvement program, as assigned.

Physician

Role: The physician works independently or in collaboration with an APRN/PA to lead the interdisciplinary care team to plan and provide care for the patient at-risk of or with ostomy needs. Responsibilities include but not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to provide patient care.
- b. Independently or in collaboration with the APRN or PA, the physician establishes diagnosis, prognosis, and ostomy care treatment.
- c. Orders appropriate referrals and tests, when indicated.
- d. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary care team to establish a comprehensive approach to ostomy management that includes all disciplines and promotes optimal outcomes.
- e. Collaborates with the APRN, PA, RN and other team members to develop a comprehensive care plan.
- f. Works with the interdisciplinary team to educate patients, family members/caregivers, and facility/agency staff regarding preventative measures, interventions, and individualized patient treatment plans.
- g. Collaborates with other professionals to promote research and assess findings to establish updated, relevant approaches to improve prevention and improve ostomy care practices.
- h. Collaborates with other team members to promote the facility or agency quality improvement program.

Physician Assistant (PA)

Role: The PA works independently or in collaboration with a physician (according to state practice acts and facility/agency policies) to lead the interdisciplinary team to plan and provide care for the patient at risk of or with ostomy needs. Responsibilities include but are not limited to:

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure, and facility or agency-based credentialing and privileging requirements to prescribe medications, order tests and treatments, and make necessary referrals.
- b. Independently or in collaboration with the physician comprehensively assesses and establishes diagnosis, prognosis, and treatment.
- c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary care team to establish and provide a comprehensive approach to ostomy management that includes all disciplines and promotes optimum outcomes.
- d. Independently, or in collaboration with other interdisciplinary team members, develops and implements wound prevention, ostomy management, treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.
- e. Collaborates with other professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.
- f. Collaborates with other team members to promote the facility or agency quality improvement program.

Eligibility Requirements

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

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Physician or

Physician's Assistant.

2. Have practiced the equivalent of one (1) year full-time in the past five (5) years as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Physician or Physician Assistant.

3. Must meet **one** of the following:

a. Experiential Pathway (Must meet one of the following:)

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

*Nationally recognized ostomy organizations include United Ostomy Associates of America (UOAA) and International Ostomy Association (IOA),

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 NAWCO® approved Ostomy Training Course.

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

Fees

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

Initial Certification: \$350.00

Recertification: \$350.00

Re-examination: \$350.00

Lapsed Credential Reinstatement: \$350.00 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.

Approved NAWCO® Ostomy Management Training Course

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

The Certification Committee provides criteria that must be met by acceptable courses.

Credentials

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

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

“OMS” is the official certification mark of the Ostomy Management Specialist® Certification sponsored by the National Alliance of Wound Care and Ostomy®.

Certificate of Certification

The NAWCO® will award an official numbered electronic certificate to all candidates upon passing the NAWCO® Ostomy Management Certification examination, denoting status as OMS, Ostomy Management Specialist. Certificates will be accessible in Certificants’ Login located on the NAWCO website. Successful candidates will receive information regarding this site once certification has been achieved.

Credential of Certification

To ensure public safety and ethical practices, the National Alliance of Wound Care and Ostomy® provides credential verification. Interested parties, including the general public, can verify OMS credentials using the credential verification search feature located at www.nawccb.org.

Examination Administration

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

The OMS examination is administered at computer based testing facilities managed by PSI Services, LLC. PSI has testing sites in the United States and other countries. A listing of available [PSI testing centers](#) with detailed maps.

Paper and pencil administration of this examination may be offered on site following the NAWCO® approved Training courses offered throughout the US on various dates

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

Initial OMS Certification Application

The OMS Certification Examination application is located in the this booklet and online at nawccb.org.

1. Complete the NAWCO® OMS application found online at nawccb.org.
2. If you are attending an approved Ostomy Management Course additional fees will apply. The approved course is separate from NAWCO®.
3. Upon receipt of the completed application, the certification office will review the information and determine the applicant's eligibility to sit for the examination.
4. An application is considered complete only if all information requested is complete, legible, and accurate.
5. 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.
6. Applicants who are determined to be ineligible to sit for the exam may appeal the decision by submitting a written letter of appeal to the NAWCO® Certification Committee within 30 days of the eligibility decision. Applicants may request a copy of the appeal policy from the NAWCO®.
7. Once you successfully complete the NAWCO® approved 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 14.
8. 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: 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 OMS Certification upon the occurrence of any one or more of the following events:

1. Applicant fails to adhere to the NAWCO® code of ethics. (<https://www.nawccb.org/code-of-ethics>).
2. Any Government agency, licensing board or court finds that any services as provided by OMS are defective or improper in any way, manner or form.
3. Use of certification credentials and/or failure to notify NAWCO® within 10 business days subsequent to revocation, suspension, probation or expiration of the primary professional license of the OMS.
4. Applicant fails to meet recertification criteria prior to expiration date of their OMS credentials.
5. Falsification of application materials.
6. Actual or potential adverse publicity, false advertising or other information, emanating from a third party or parties, about Applicant, the services provided by Applicant, or the use of the Marks by Applicant causes NAWCO®, in its sole judgment, to believe that 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 WCC® 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, 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, an OMS is required to recertify with the NAWCO® to maintain their credentials. An OMS 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. 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 OMS 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 OMS 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 approved "Ostomy Management Course".
 - b. Receive passing score on examination within two (2) years or four (4) attempts (whichever comes first) of credentials lapse*.
 - c. 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.
 - 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. An OMS 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. An OMS 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.

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.
- 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 on the authorization at check-in.
8. 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.
9. 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.
10. 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.
11. 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.
12. Candidates are encouraged to wear a watch to the examination to pace themselves as the testing sites may not provide a clock.
13. 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.

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 (6) 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.

If taking the computerized exam, An applicant may request special accommodation directly through the [PSI website](#). Please refer to the NAWCO® Candidate Information Bulletin available at www.psiexams.com.

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

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

Candidates who take the OMS 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 NAWCO® approved course through the Education pathway, or within two (2) years of the original examination date if through the Experiential or the Certification pathway. After four (4) attempts, you are required to wait for a period of one (1) year prior to taking the exam again.

Candidates who allow the two (2) year time limit to expire, but who do not exhaust the four (4) exam attempts, are not required to wait one (1) year prior to reapplying to take the exam again. However, all unsuccessful candidates must meet all eligibility requirements under one of the existing certification options 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
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: 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. 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 PSI Services, LLC with instructions on scheduling your examination [on the PSI Services, LLC website.](#)

- A listing of available testing centers with detailed maps may be viewed [on the PSI Services, LLC website.](#)
- **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.)

Reschedule of Examination

Appointments

If you need to cancel your examination appointment or reschedule to a different date, you must contact PSI at 1-800-211-2754 no later than 24 hours prior to your scheduled time. If your appointment falls either on a Monday or the day after a holiday, you must call the last business day prior to your appointment to reschedule. **If you fail to arrive for your appointment or cancel without giving the required notice, you will be subject to forfeiture of your testing fee.**

Security

NAWCO® and PSI® maintain test administration and test security standards that are designed to assure that all candidates are provided the same opportunity to demonstrate their abilities. The assessment center is continuously monitored by surveillance equipment for security purposes.

Practice Test

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

Timed Examination

Following the practice test, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-

screen. Two (2) hours are allotted to complete the examination.

Examination Results

After you finish the examination, you are asked to complete a short evaluation of your testing experience. Upon completion of the evaluation, you are instructed to report to the testing supervisor to receive your examination results. Your exam report will indicate “pass” or “fail.”

Successful candidates may begin using the “OMS” credential immediately and will be able to print their OMS Certification Certificate, wallet ID card and congratulations letter within 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 PSI) 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 approved 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 PSI 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 materials will help prepare for the test.

References for Study

The following reference list may be helpful in preparing for the examination. This list does not attempt to include all the acceptable references available, nor is the examination based solely on these sources. 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.

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

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

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

Charter of Ostomates Rights. United Ostomy Associations of America, Inc., Website. http://www.ostomy.org/Ostomate_Bill_of_Rights.html Published 2004.

Fecal & Urinary Diversions: Management Principles. Janice Colwell, Margaret T. Goldberg, Jane Carmel. St. Louis, Mo: Mosby; 2004.

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

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

Wound Ostomy and Continence Nursing Secrets, Milne, C.T. and Corbett, L.Q. and Dubuc, D.L. Philadelphia, PA, 2003, Hanley & Belfus, Inc. *Wound, Ostomy, and Continence Nurses Society (WOCN). Management of the patient with a fecal ostomy: best practice guideline for clinicians*. Mount Laurel (NJ): Wound, Ostomy, and Continence Nurses Society (WOCN); 2010.

Content of Examination

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

The questions for the Ostomy Management Certification examination are prepared by teams of Subject Matter Experts (SMEs).

The examination questions are written to assess cognitive levels of knowledge, comprehension, application and analysis related to ostomy management.

The examination is weighted in approximately the following breakdown:

- Anatomy & Physiology 5%
- Treatment and management of conditions/ etiologies/indications for fecal/urinary diversion surgery 9%
- Assessment, treatment and management 5%
- Patient education 12%
- Assessment and management of peristomal complications, peristomal hernia and peristomal fistula 20%
- Assessment and management of stoma and stomal complications: categories, types, clinical characteristics, peristomal hernia and stoma prolapse 7%
- Assessment, management, and modifications for appliances and pouching products 26%
- Procedures and techniques 16%

Examination Content Outline

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

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

Sample Examination Questions

1. When is surgical treatment for interstitial cystitis indicated?
 - A. Upon initial diagnosis of disorder
 - B. When all other treatments have failed
 - C. When incontinence develops
 - D. When symptoms have subsided
2. Mr. E is admitted with drainage coming from his left upper abdominal quadrant. He has a history of a gastrostomy tube while in the ICU for failure to thrive. The tube was removed 3 weeks ago and he was discharged to home. He is diagnosed with an enterocutaneous fistula at the site of the old G-tube. It is important to keep his skin clean, dry and free of maceration. What is an appropriate option for maintaining healthy peri-fistula skin and controlling odor?
 - A. Dressing changes every 1 to 2 hours
 - B. Negative pressure wound therapy
 - C. Use a wound manager or collector
 - D. Use the least expensive product to contain the effluent
3. Dr. Aspen is a resident in a skilled nursing facility who frequently becomes agitated and has been known to pull on his feeding tube.

The staff is concerned that he may dislodge the tube into the gastrointestinal tract. What is an accurate way to monitor the placement of the tubing?

- A. Tape the tubing to the patient's abdomen
 - B. Mark the tubing entrance site with indelible ink and document the external tubing length
 - C. Mark the tubing entrance site with tape
 - D. Measure the external length of the tubing and pass it along in report
4. Which of the following statements regarding the functions of the stomach is true?
- A. It breaks down proteins and fats for use in building new body tissues.
 - B. It secretes an intrinsic factor needed for the absorption of Vitamin B¹².
 - C. It acts as a reservoir for secretions from the pancreas and gallbladder.
 - D. It secretes an alkaline substance that functions to inhibit bacterial growth.
5. What term is used to describe the process of controlled elimination of urine from the bladder?
- A. Elimination Reflex
 - B. Bladder Contraction Sequence
 - C. Micturition Response
 - D. Manipulation Reflex
6. Peristomal skin complications have been reported to be highest after which type of ostomy procedure?
- A. Colostomy
 - B. Ileal Conduit
 - C. Ileostomy
 - D. Neobladder
7. Recommendations to prevent a peristomal hernia include which of the following?
- A. Use a mild cleanser on the peristomal skin
 - B. Wear a compression dressing over the stoma and surrounding skin for 3 weeks post-op
 - C. Teach patient to use a pillow on the abdomen in order to provide abdominal support
 - D. Maintain weight lifting restrictions for the first year post-op
8. On assessing an ostomy patient 3 days post-op, it is noted that the stoma is discolored, limp,

loose and flabby. What might the Ostomy Management Specialist suspect?

- A. Retraction of the stoma
 - B. Bleeding of the stoma
 - C. A normal stoma
 - D. Stomal Necrosis
9. Stomal stenosis is defined as what?
- A. Bleeding from the stoma
 - B. Stoma prolapse
 - C. Constricted narrowing of the stoma lumen
 - D. Varices
10. A patient's stoma is noted to have a section of the intestine telescoping outward. This finding is an indication of what condition?
- A. Stomal prolapse
 - B. Stoma infection
 - C. A vitamin deficiency
 - D. A healthy stoma maturing

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

OMS Certification Pathways at a Glance

OMS Certification		Pathway Options		
#1 Eligible License		Experiential	Continuing Education	Training Course
Current License RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM		✓	✓	✓
#2 Experience* (In past 5 years)		Experiential	Continuing Education	Training Course
Active involvement in the consultation and/or care of ostomy patients one (1) year full-time in the past five (5) years as RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM		✓	✓	✓
<i>*EXPERIENCE: Full-time is considered 40 hours per week. Part-time is considered less than 40 hours per week.</i>				
#3 Pathway Requirements		Experiential	Continuing Education	Training Course
<i>Must meet one (1) of the following</i>				
<ul style="list-style-type: none"> Recognized author of published works related to ostomy care (e.g. textbooks, pocketbooks, e-books, guidelines, or peer reviewed journals) Served as officer, committee representative, or volunteer of a nationally recognized ostomy care organization* Nationally known speaker that has presented ostomy related topics 		✓		
60 Contact Hours of continuing education in ostomy and wound care within the past five (5) years			✓	
Successful completion of NAWCO® approved ostomy training course				✓
<i>*ORGANIZATIONS: UOAA, IOA</i>				
#4 Additional Requirements		Necessary for all Applicants		
Completion of application and required supporting documentation			✓	
Full payment of required fees			✓	
Passing score on OMS Certification exam			✓	
#5 Choose Your Pathway				
For more detailed information about each pathway, refer to the OMS Candidate Exam Handbook	Experiential Pathway	Continuing Education Pathway	Training Course Pathway	

OMS-Cand 5-18

OMS 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 OMS professional Wound Care Certified certification credentials. Successful participants in this program may become authorized to use the OMS 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 OMS that the Applicant has completed.

Nondisclosure

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

Certification

Applicant’s certification credential is based on Applicant’s successful completion of the required testing and Applicant’s compliance with this

Agreement and the requirements described in the corresponding NAWCO® trademark guidelines, the terms of which are incorporated herein by reference and which may be changed from time to time by NAWCO® in its sole discretion. Applicant acknowledges that NAWCO® has the right to change at any time the requirements for obtaining or maintaining any certification and/or to discontinue any certification is NAWCO®’s sole discretion. Once certification is granted, Applicant may maintain Applicant’s certification by completing, within the time frame specified by NAWCO®, all continuing certification requirements, if any, that correspond with Applicant’s OMS credential. Applicant is responsible for keeping Applicant informed of NAWCO®’s continuing certification requirements and for maintaining Applicant’s certification. If Applicant does not complete the continuing certification requirements within the time frame specified by NAWCO®, Applicant’s certification for that credential will be revoked without further notice, and all rights pertaining to that certification (including the right to use the applicable Marks) will terminate. Applicant retains Applicant’s certification status if Applicant leaves Applicant’s current employment and/or begins working with a new organization. However, Applicant may not transfer Applicant’s certification status to another person. Applicant agrees to make claims regarding certification only with respect to the scope for which the certification has been granted. Applicant agrees to discontinue use of the OMS 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 OMS 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 OMS CERTIFICATION OBTAINED BY APPLICANT.

Grant and Consideration

Subject to the terms and conditions of this Agreement, NAWCO® grants to Applicant a non-exclusive, personal and 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 OMS unless Applicant has completed the certification requirements for the OMS certification credential and has been notified by NAWCO® in writing that Applicant has achieved certification status of OMS. NAWCO® reserves the right to revise the terms of this Agreement from time to time. In the event of a revision, Applicant's signing or otherwise manifesting assent to a new agreement may be a condition of continued certification.

Term and Termination

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

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.



OMS Certification Application

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

1. PRINT NAME (as it appears on your professional license)			
Last: _____		First: _____	MI: _____
2. MAILING ADDRESS			3. DATE OF BIRTH
Street: _____			
City: _____	State/Province: _____	Country: _____	Zip/Postal Code: _____
Daytime Telephone: _____	Evening Telephone: _____	Email: Required for Confirmation	
() _____	() _____		
4. PROFESSIONAL TITLE (List all that apply, LPN, RN, PT, etc)			5. EDUCATION: (Diploma, BS, BSN, etc.)
License Type: _____			_____
License Number(s): _____		State: _____	_____
ORIGINAL Issue Date: _____		Expiration Date: _____	_____
6. APPLICATION TYPE: <input type="checkbox"/> Initial Certification <input type="checkbox"/> Lapsed Credential			
7. PLACE OF EMPLOYMENT (Hospital, LTC, LTAC, etc.)		8. OTHER BOARD CERTIFICATIONS: (CWS, CWOCN, CWCN, etc.)	
_____		Certification: _____ #: _____	
		Certification: _____ #: _____	
9. LICENSED EXPERIENCE/PRACTICE WOUND CARE <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> >5 but <10 years <input type="checkbox"/> >10 years			
10. CERTIFICATION PATHWAY	11. EXAMINATION METHOD: (If Applicable)	12. COURSE TYPE: (If Applicable. Onsite requires location and date)	
<input type="checkbox"/> Experiential	<input type="checkbox"/> On Site at Ostomy Management Course	<input type="checkbox"/> Onsite:	
<input type="checkbox"/> Continuing Education	<input type="checkbox"/> Computerized Version at PSI Testing Centers	Course Location _____	
<input type="checkbox"/> Training Course (Onsite)	<input type="checkbox"/> Remote Proctored (Not Available At This Time)	Course Dates: _____	
13. ADA ACCOMMODATIONS		14. APPLICATION-CERTIFICATION FEES	
<input type="checkbox"/> YES, special arrangements will be necessary for me to complete the examination. (If yes, complete forms in handbook and submit to NAWCO)		<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: _____	
15. WORK EXPERIENCE VERIFICATION: <u>All candidates must complete the following section(s) to document required wound care related work experience. Missing or incomplete information will cause delay in processing. Misrepresentation discovered pre or post certification may result in denial or revocation of credential.</u>			
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 am an _____ (license type) currently licensed to practice in the state of _____ .

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

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

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

I agree to make claims regarding certification only with respect to the scope for which the certification has been granted. I agree to discontinue use of the OMS credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. I further swear to notify the NAWCO® in writing within 10 business days if I learn I am no longer eligible to hold the OMS credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. I understand that failure to notify the NAWCO® of any of the above listed disciplinary actions will result in revocation of certification and/or denial of recertification. In the event of revocation of the credential, I agree to destroy the Certificate of Certification.

By signing this agreement, I hereby swear and attest to all the contents of the Candidate Agreement/ Statement of Understanding contained within the NAWCO® OMS Candidate Handbook. As the applicant, I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential.

Applicant'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
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Address

City	State	Zip Code
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Daytime Telephone	Fax	Email
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Special Accommodations

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

Please provide (check all that applies):

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

Comments: _____

Signed: _____ Date: _____

Return this form with your examination application to:

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

NAWCO® Re-Examination Application



1. PRINT NAME: (As listed on your Professional License) ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RE-EXAM
 LAST: _____ FIRST: _____ MIDDLE: _____

2. MAILING ADDRESS: (Street, City, State & Zip Code)

3. DAYTIME TELEPHONE # _____ **E-MAIL:** _____

4. SELECT CREDENTIAL FOR RE-EXAM: WCC DWC LLE OMS NWCC **5. ADA Please contact me**

5. PROFESSIONAL TITLE (LPN, RN, PT, etc) License Type: _____ License #(s): _____
 State: _____ ORIGINAL Issue Date: _____ Expiration Date: _____

7. APPLICATION-CERTIFICATION FEES :
 Non-Refundable Processing Fee. & Examination Fee \$380.00

8. CREDIT CARD AUTHORIZATION FORM: 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 fee of \$350.00 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: _____

8. CERTIFICATION INFORMATION RELEASE (Directory Listing Inclusion) and AGREEMENT AUTHORIZATION

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 www.nawccb.org. 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 further swear 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: _____



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: admin@nawccb.org