



# OMS Recertification Handbook

March 2022

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

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

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

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®, OMS, Recertification process of the National Alliance of Wound Care and Ostomy®.

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

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

## **Checklist**

- Read the Handbook cover to cover.
- Complete, sign and submit recertification application online
- Include payment including recertification fee and application processing fee (\$380.00)
- Include additional forms (If applicable):
  - Continuing Education Verification Form
  - Request for Special Examination Accommodations
  - Documentation of Disability - Related Needs
- Contact information  
National Alliance of Wound Care and Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901 or fax to: 1-800-352-8339 or email: [sr.admit@nawccb.org](mailto:sr.admit@nawccb.org)

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## **Objectives of Recertification**

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

This assures consumers that any practitioner awarded the OMS 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 ostomy management.

## **Credentials**

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 diabetic wound management and prevention of complications.

In order to assure appropriate and thorough diabetic wound management, a holistic comprehensive approach is utilized. All factors affecting healing, including considerations of systemic, psychosocial, and local factors are reviewed. The OMS provides direct patient care, necessary patient education, and prevention measures through comprehensive assessment, referrals, and continuing evaluation of high risk diabetic patients and all types of diabetic wounds.

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

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

## **Scope of Practice**

The OMS provides direct patient ostomy care in ambulatory, acute, long-term care and home care settings. The OMS plays an important role as a direct care provider, educator and resource for optimum patient outcomes in ostomy management.

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

Ostomy Management includes the identification, assessment, management, prevention, and continuing evaluation of patients with ostomy and stoma complications, as well as skin conditions resulting from appliance failure and surgical procedures.

Ostomy Management is a specialized area that focuses on overall stoma and peristomal skin care, and promotion of an optimal stoma environment, including prevention, therapeutic and rehabilitative interventions.

Ostomy Management requires the skills of the interdisciplinary team which includes the physician, nurse, OMS, 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, ostomy management care plans must always be prescribed by the physician or other advanced practice provider.

## **Administration**

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

## **Recertification Fee (Non-Refundable)**

\$30.00 Application Processing fee

\$350.00 Recertification fee

## **Recertification Deadlines**

All OMS credentials expire five years to the date after initial certification. Expiration dates are located on your OMS certificate. You can download a copy on the Member's Only section of the NAWCO® website.

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

<b>Certification Month and Day Expires:</b>	<b>Earliest Application Submission 6 months prior to expiration</b>
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 Requirements**

Applicants for recertification of the OMS 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, Occupational Therapy Assistant, Physician, or Physician Assistant.
2. Current OMS credential. (Not lapsed)
3. Payment of required fees.
4. Submission of recertification application for one of the following recertification options:
  - a. Examination
  - b. Training: Approved course offered by education providers listed on website at [nawccb.org](http://nawccb.org). (additional fees apply)
  - c. Continuing Education (60 contact hours)

## **Recertification Options**

Each OMS must choose one (1) of the three (3) following recertification options:

### **Option 1 - Recertification by Examination**

This option allows you to apply for recertification by retaking the NAWCO® OMS certification examination. The NAWCO® 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® OMS Candidate Handbook at [www.nawccb.org](http://www.nawccb.org) for more details.

**By choosing the option of recertification by examination, the OMS forfeits the opportunity to choose any other option for recertification.** Example: An OMS who fails the exam to recertify cannot change and recertify by submitting continuing education credits or by attending the training program.

You may apply and take the examination for recertification up to 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® OMS Candidate 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 the credential expiration date. If you are unsuccessful after four (4) attempts, you are required to wait one (1) year before reapplying. If, however, you do not complete four (4) exam attempts, you do not have to wait one (1) year to reapply.

All applications must be submitted and the exam must be passed prior to expiration of OMS certification. Application and \$380 fees are required for each examination. Candidates who do not successfully pass the examination before the expiration date of their credentials will be considered “lapsed”. Please refer to “Reinstatement of Lapsed Credentials” section for further information.

## Instructions using Option 1

1. Complete NAWCO® Recertification Application.
2. Submit along with \$380 fee to:
  - a. Mail: National Alliance of Wound Care and Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901
  - b. Fax: 1-800-352-8339
  - c. Email: [Recertification@nawccb.org](mailto:Recertification@nawccb.org)

Application must be submitted and the exam passed prior to certification renewal date.

## Option 2 - Recertification by Training

This recertification option allows candidates to attend an NAWCO® approved “Ostomy Management Course” (on-site course only, no exam required - additional fees apply)

NAWCO® approved “Ostomy Management Course”  
For detailed listings and registration, visit [www.wcei.net](http://www.wcei.net).

## Instructions using Option 2

1. Complete NAWCO® Recertification Application.
2. Submit along with \$380 fee to:
  - a. Mail: National Alliance of Wound Care and Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901
  - b. Fax: 1-800-352-8339
  - c. Email: [recertification@nawccb.org](mailto:recertification@nawccb.org).
3. Register with an education provider for the onsite training course. The course should be completed no earlier than 6 months prior to expiration of your OMS credential, and must be completed prior to the certification renewal date.
  - a. **Additional fees apply. Course fee will be paid to course provider. Recertification fee will be paid to NAWCO®.**
  - b. Upon successful completion, the training course provider will issue a course completion certificate.
  - c. Once the course has been completed, and NAWCO® has been notified of the successful completion of an "Ostomy

Management Course”, the NAWCO® will send you an email with information on how to download your new materials on the Member’s Only section of the NAWCO® website.

## Option 3 - Recertification by Continuing Education

To recertify by continuing education, sixty (60) contact hours (same as clock hours) of continuing education related to ostomy and/or wound management must be earned within the five (5) year certification period. **30 hours must be ostomy specific.** All contact hours must be obtained during the five (5) year period to ensure adequate and current continuing education. A contact hour is defined as a unit of measurement that describes one (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®) .

NAWCO® does not require the submission of copies of continuing education certificates with the re-certification application, however, each OMS is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two renewal periods (10 years). In the event you are selected by the NAWCO® for an audit, you will be required to submit copies of certificates, and CE program documentation at that time.

## Instructions using Option 3

1. Complete online NAWCO® Recertification Application.
2. Complete Continuing Education Verification Form located online at <https://www.nawccb.org/wp-content/uploads/2018/06/CE-HOURS-DOC-6.25-1-1.pdf>
3. Submit both forms along with \$380 fee to:
  - a. Mail: National Alliance of Wound Care and Ostomy®  
11817 Crestview Blvd  
Kokomo, IN 46901

- b. Fax: 1-800-352-8339
- c. Email: [recertification@nawccb.org](mailto:recertification@nawccb.org)

Whichever pathway is chosen, application and recertification fees must be submitted and the recertification process completed prior to certification renewal date.

## **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 \$630.00)
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\*.
    - b. Complete the continuing education verification form. (A minimum of 60 contact hours per requirements must be documented). This form can be found at <https://www.nawccb.org/wp-content/uploads/2018/06/CE-HOURS-DOC-6.25-1-1.pdf>
      - i. Copies of original “certificates of completion” forms from each continuing education program

entered on your continuing education verification form may be requested.

- ii. Certificate of completion forms must include your name, date, program title, provider, approved accrediting organization, and the number of contact hours awarded.

7. A 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. A 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.

## **Application Process**

Applications will NOT be processed until all fees have been paid. The processing of your NAWCO® recertification application will vary depending on pathway chosen, but will not exceed two (2) weeks. If your application is approved, you will receive an email with certification maintenance information and a new certificate. Recertification of your OMS credential will be granted for five (5) 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 CE certificates with your application. Each OMS is responsible for maintaining his/her own records of CE programs completed. In general, records should be kept for two (2) renewal periods (10 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 if you are mailing your application. 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. Deadlines and time frames will apply whether the application is mailed, emailed, or faxed.

If at any time you have questions regarding the recertification process, please call NAWCO® at 1-877-922-6292.

## **Audit Process**

The National Alliance of Wound Care and Ostomy® conducts random audits to determine compliance with the recertification requirements. Any OMS selected for audit will be notified by email within two (2) 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. A OMS 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.

## **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 skin and wound care management to the consumer.

1. NAWCO® has established a formally documented program under which any current OMS can recertify to demonstrate competence relating to their proficiency in ostomy management. This program includes the OMS professional Ostomy Management Specialist certification credentials. Successful participants in this program may continue to use the OMS certification credential.
2. Definitions:
  - a. “OMS means any professional 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”).
  - b. “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 (4) 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 OMS 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 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 to destroy the Certificate of Certification.**

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 OMS 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 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 recertification 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 consenting to a new agreement may be a condition of continued certification.

6. Terms and Termination: 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"):
  - a. If Applicant fails to perform any of Applicant's obligations under this Agreement;
  - b. 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
  - c. 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.
  - d. 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 (a) or (d) above, or at NAWCO®'s option under (b) or (c) 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:

- a. Exercise its independent business judgment in rendering services to Applicant's customers;
- b. Avoid deceptive, misleading, or unethical practices which are or might be detrimental to NAWCO® or its products; and
- c. Refrain from making any representations, warranties, or guarantees to customers on behalf of NAWCO®.
- d. 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®

- a. by reason of Applicant's performance or non-performance under this Agreement;
- b. arising out of Applicant's use of the Marks in any manner whatsoever except in the form expressly licensed under this Agreement; and/or

c. 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.

# OMS Recertification At A Glance



Requirements	Necessary for all Applicants
Current License as RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA	✓
Current OMS credential ( <i>Not lapsed</i> )	✓
Full payment of required fees. ( <i>NAWCO® recertification fee \$330, additional course fee applies to Recertification by Training option</i> )	✓
Submission of recertification application	✓

Choose one of the following Additional Requirements	NECESSARY IF		
	Recertifying by Training	Recertifying by Exam	Recertifying by Continuing Ed
Successful completion of NAWCO® approved Ostomy Management Course ( <i>Course MUST be completed before your certification expires</i> ) ( <i>Additional course fee</i> )	✓		
OR			
OMS certification exam ( <i>Computer based exam taken at a PSI testing center</i> )		✓	
OR			
Provide documentation of 60 contact hours of approved continuing education in ostomy and wound care management ( <i>Hours earned within the five year certification period</i> )			✓

OMS recert 1-2018 rev. 2

# NAWCO® Recertification Application

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

1. **PRINT NAME:** (As listed on your Professional License) ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RECERTIFICATION

LAST:

FIRST:

MIDDLE:

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

3. **DAYTIME TELEPHONE #**

**E-MAIL:**

**ADA:**

YES

NO

4. **SELECT CREDENTIAL FOR RECERTIFICATION:**  WCC  DWC  LLE  OMS  NWCC

5. **CERTIFICATION #:**

6. **PROFESSIONAL TITLE** (LPN, RN, PT, etc) License Type: \_\_\_\_\_ License #(s): \_\_\_\_\_

State: \_\_\_\_\_ ORIGINAL Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

7. **RECERTIFICATION PATHWAY:** (Indicate your choice and complete additional required forms if applicable)

- Option 1: Examination - No Additional Forms
- Option 2: Training - Approved Course
- Option 3: Continuing Education(CE Verification Form)
- Option 4: Mentoring Student: \_\_\_\_\_ Option only available for WCC

8. **COURSE TYPE:** (Required for Option 2: When Choosing Onsite enter location and dates)

- Online
- Onsite Date: \_\_\_\_\_
- Location: \_\_\_\_\_

9. **APPLICATION-CERTIFICATION FEES : Non-Refundable Processing Fee & Recertification Fee . . . . . \$380.00**

## 10. Agreement Authorization and Certification Information Release

By submitting this Recertification Application, I acknowledge that all supporting documentation provided is true and accurate. If the activities listed on the OMS Activity Report or the supporting verification documents are falsified in any fashion, I understand that this will result in the revocation of my OMS 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® OMS Certification Directory, and state/province (collectively "Certification Information") in print and electronic versions of a worldwide directory of NAWCO® OMS 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 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 Recertification Agreement Policy / Statement of Understanding contained within this Candidate Recertification Handbook.

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

**11. PAYMENT: 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 \$\_\_\_\_\_ for \_\_\_\_\_.

Visa                       MasterCard                       American Express (NO DISCOVER)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Security Code\* \_\_\_\_\_  
\*3-digit code found on the end of the signature strip

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

Street \_\_\_\_\_

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

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

# **Request for Special Examination Accommodations**

Please complete/return this form and the "Documentation of Disability-Related Needs" on the next page at **least six (6) weeks prior to test date**, so your accommodation for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be considered strictly confidential and will not be shared with any outside source without your express written consent. If you have existing documentation of the same or similar accommodation provided for you in another test situation, you may submit such documentation instead of having the reverse side of the form completed by an appropriate professional.

## **Applicant Information:**

_____		
Last Name	First Name	Middle Name
_____		
Address		
_____		
City	State	Zip Code
_____		
Daytime Telephone	Fax	Email

## **Special Accommodations**

I request special accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the NAWCO® Credential 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: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

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

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

### **Professional Documentation**

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

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

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

Comments:

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Signed:

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

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

Address:

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

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

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

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



# Continuing Education Verification Record

Instructions: Use this form to document continuing education credits if applying for the Recertification, Lapsed Credential Reinstatement by Continuing Education, or Experiential certification pathway. This option requires documentation of completion of a minimum of **sixty (60) contact hours** of education related to skin and wound care, and nutritional management during the previous five year period. If course titles do not clearly reflect the course's relevance to skin and wound care and nutritional management, include a brief description of how the course impacts your practice. You may make copies of this page as needed to document required continuing education. If you have chosen the Experiential pathway, submit with this application, copies of \*certificates of completion to support each continuing education program entered on this form.

\* Refer to handbook for acceptable continuing education.

Name \_\_\_\_\_  
First
Last
MI

Record of Wound and Skin Care/Continuing Education				
Title/Subject Matter/Content	Date	Sponsor/Provider/ Institution	Location	Contact Hours
Total contact hours				



National Alliance of Wound Care  
and Ostomy®

RETURN COMPLETED APPLICATION WITH FEES TO:

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