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 WCC® 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 "Wound Care Certification Examination" to measure the academic and technical competence of eligible candidates in the area of Skin and Wound Care Management above their basic licensure. The WCC® acts in accordance with legislation code and practice guidelines as determined by each respective professional state regulatory/licensing board. Therefore, WCC® 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 Wound Care Certification examination process of the National Alliance of Wound Care and Ostomy®.

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

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

WE RECOMMEND YOU KEEP THIS CANDIDATE HANDBOOK FOR REFERENCE THROUGHOUT THE APPLICATION AND EXAMINATION PROCESS. 8/2018

Checklist

- Read the Handbook cover to cover.
- Understand ALL National Alliance of Wound Care and Ostomy® policies.
- Understand the WCC® eligibility requirements and the application process.
- Read and agree to be bound by the NAWCO® Code of Ethics, Standards of Practice, Candidate Agreement and the policies and procedures outlined in this handbook.
- Fill out the application form in its entirety.
- Complete work experience verification section that documents work experience related to wound care.
- Sign your application form.
- Submit application/examination fees of $330.00, made payable to NAWCO®.
- Make a copy of your entire application packet for your records. (Your original records will not be returned to you.)
- Contact information
  
  National Alliance of Wound Care and Ostomy®
  PO BOX 235
  Somonauk, IL 60552 or fax to: 1-800-352-8339 or email: admin@nawccb.org
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National Alliance of Wound Care and Ostomy® WCC® Candidate Examination Handbook © 2018
Objectives of Certification
The objective of the certification is to promote consumer protection and confer peer and public recognition to those individuals who prove proficient in their practice.

The objective of WCC® certification is to provide assurance to the public by promoting the delivery of safe and effective skin and wound management by:
1. Recognizing formally those individuals who demonstrate proficiency and mastery of essential knowledge, expertise, and skills in skin and wound management above basic licensure.
2. Providing a standard of knowledge required for certification based upon clinical practice recommendations and other evidence based practice and research in the field of skin and wound management.
3. Establishing and measuring the level of knowledge required for certification in skin and wound management.
4. Promoting continued professional growth in skin and wound management.

Scope of Practice
The National Alliance of Wound Care and Ostomy® provides certification to various disciplines in healthcare. The scope of practice for the Wound Care Certified (WCC®) health care professional is performed in accordance with legislation code and scope of practice as determined by each respective professional state regulatory board along with prospective employer mandated guidelines.

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 a member of the interdisciplinary wound care team. The WCC® provides direct hands-on and/or consultative skin and wound management in all health care settings. 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.

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 wound care team to plan and provide care for the patient at risk of or with 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, 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 wound diagnosis, prognosis, and wound care treatment.

c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.

d. Provides bedside treatments to include conservative sharp debridement, when indicated and permitted by state practice acts and facility policy.

e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

g. Collaborates with other wound care 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 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 wound prevention, 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 management. Performs comprehensive assessments and reassessments to determine the most appropriate and cost-effective use of wound management products and resources. Hands-on care may include conservative sharp debridement/chemical cauterization with a provider order, 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 wound care team member, collaborates to establish individualized, comprehensive care plans that promote wound prevention and healing.

f. Establishes, reevaluates and revises facility policies, procedures, and guidelines governing wound care, based on needs, evidenced-based trends, and industry changes.

g. Observes patient’s response 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 that is consistent with the established care plan for preventative measures, interventions, and individualized patient treatments.

i. As a patient advocate, promotes facility/agency-based quality improvement that addresses wound prevention and the specialized complex needs of the wound care patient.

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 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 wound prevention and healing.

c. Implements preventative care, monitors skin status, and performs wound treatments per orders in the individualized patient’s 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 wound 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 key role in oversight of the patient at-risk of or with wound 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 wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote wound prevention and 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 wound prevention or management.

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. Assesses and makes recommendations for support surface selection.

g. 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.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. 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 wound care team, contributes to the establishment and revision of the individualized, comprehensive care plan to promote 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 wound prevention or management.

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. Assesses and makes recommendations for support surface selection.

g. 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.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. 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 wound 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 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 OT, provides consultation and/or hands-on care for wound prevention or management.

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. Assesses and makes recommendations for support surface selection.

g. 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.

h. Observes patient’s response and wound status, reporting any changes to the supervising clinician, according to facility or agency guidelines.

i. 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 wound care team to plan and provide care for the patient at-risk of or with wound care 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 wound diagnosis, prognosis, and wound 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 wound care team to establish a comprehensive approach to wound management that includes all disciplines and promotes optimal outcomes.

e. Collaborates with the APRN, PA, RN and other wound care team members to develop a wound prevention plan.

f. Provides bedside treatments to include conservative sharp debridement when needed.

g. Works with the interdisciplinary team to educate patients, family members/caregivers, and facility/agency staff regarding preventative measures, interventions, and individualized patient treatment plans.

h. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

i. Collaborates with other wound care 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 wound care team to plan and provide care for the patient at risk of or with 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, 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 wound diagnosis, prognosis, and wound care treatment.

c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.

d. Provides bedside treatments to include conservative sharp debridement, when indicated and permitted by state practice acts and facility policy.

e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.
Doctor of Podiatric Medicine (DPM)
Role: The DPM works independently or in collaboration with other team members (according to state practice acts and facility/agency policies) to lead the interdisciplinary wound care team to plan and provide care for the patient at risk of or with 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, 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 team members comprehensively assesses and establishes lower extremity wound diagnosis, prognosis, and wound care treatment.

c. As a leader, provides oversight, assistance and guidance to other members of the interdisciplinary wound care team to establish and provide a comprehensive approach to wound management that includes all disciplines and promotes optimum outcomes.

d. Provides bedside treatments to include conservative sharp debridement, when indicated.

e. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and wound treatment programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.

f. Collaborates with other wound care professionals to promote research and assess findings to establish updated, relevant approaches to improve wound prevention and wound care practices.

g. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

Eligibility Requirements
Applicants for the NAWCO® WCC® certification examination must meet all of the following criteria:

1. Hold an active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapist Assistant, Occupational Therapist, Occupational Therapy Assistant, Doctor of Podiatric Medicine, Physician or Physician Assistant.

2. Must meet one option of the each of the following eligibility requirements:

   a. Education Requirement:

      i. Option A: Successful graduate of skin and wound management training course. The course must be relevant to the WCC exam domains, a minimum of 20 hours of coursework, and may be delivered in person or online.

      ii. Option B: Current active certification with Wound Ostomy Continence Nursing Certification Board (WOCNCB®) as a “CWCN®, “CWON®” or “CWOCN®” or current active certification with American Board of Wound Management (ABWM®) as a “CWS®” or “CWSP®”.

   b. Experience Requirement:

      i. Option A: Have completed 120 hours of hands-on clinical training with approved preceptor. (Detailed program information is located in the Preceptor Manual, available at www.nawccb.org.)

      ii. Option B: Have completed two (2) years full-time or four (4) years part-time experience in an approved profession with ongoing, active involvement in the care of wound care patients or in management, education or research directly related to wound care

3. Applicants must agree to adhere to the NAWCO® Code of Ethics.

4. Completion of application and required supporting documentation.

5. Payment of required fees.

6. Receive passing score on the NAWCO® WCC® Examination.

Fees
$30.00 non-refundable processing fee is required with all application submissions and examination fees.
Initial Certification: $300.00
Recertification: $300.00
Re-examination: $300.00
Lapsed Credential Reinstatement: $300.00
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 $300 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.

**Code of Ethics**

The Code of Ethics of the National Alliance of Wound Care and Ostomy® serves as a guide of conduct for all WCC®, DWC®, OMS, NWCC™, and LLE® practitioners.

Their fundamental objectives are to enhance overall quality of life, dignity, and well-being of every individual needing skin and wound management services, and the treatment of wounds based upon each individual assessment.

WCC®, DWC®, OMS, NWCC™, and LLE® practitioners have an obligation to act in ways that will merit the trust, confidence, and respect of healthcare professionals and the general public. Therefore, WCC®, DWC®, OMS, NWCC™, and LLE® practitioners should embrace an exemplary system of professional values and ethics.

**Ethical Responsibilities**

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

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

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

NAWCO offers the Certification Examinations to measure the academic and technical competence of eligible candidates in the area of wound, lymphedema, diabetic, ostomy, and nutritional management beyond their basic knowledge. The course must be relevant to the WCC Exam domains, and can be delivered online or onsite. The course must be a minimum of 20 hours of course work.

Credentials
Upon successful completion of the Certification examination, candidates may use the initials WCC®, Wound Care Certified, to designate their status. Credentials are awarded for a five (5) year period following obtaining a passing score on the examination. Upon expiration of credentialing term, a WCC® is required to recertify with the NAWCO® to maintain their credentials.

“WCC®” has been registered with the United States Patent and Trademark Office as the official certification mark of the National Alliance of Wound Care and Ostomy®.

Certificate of Certification
The NAWCO® will award an official numbered certificate to all candidates upon passing the NAWCO® certification examination, denoting status as WCC®, Wound Care Certified. The Certificate will be electronically downloadable and printable on the Certificant’s Login section of the NAWCO® website. Credential Verification

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 WCC® using the credential verification search feature located at nawccb.org.

Application Process

Education:
1. Complete the NAWCO® WCC® examination application found online at nawccb.org.
2. If you are attending a skin & wound management training course, you will incur additional fees payable to the education provider.
3. Once you successfully complete a skin and wound management course that meets the eligibility criteria established by the Certification Committee, 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.
4. If mailing information, submit all of the above along with $330 to:
   National Alliance of Wound Care and Ostomy®
   PO BOX 235
   Somonauk, IL 60552
   Or fax to: 1-800-352-8339
   Or email: admin@nawccb.org

Preceptor:
1. Complete the NAWCO® WCC® certification application online.
2. Successful graduate of a skin and wound management training course that meets eligibility criteria established by the Certification Committee.
3. Complete a minimum of 120 hours of hands-on clinical training with a NAWCO approved clinical preceptor after completion of a skin and wound management training course.
4. Completion of application and required supporting documentation. Detailed program information is located in the Preceptor manual, available on our website at www.nawccb.org.
5. If mailing, submit all the above along with $330 to:
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 WCC® Certification upon the occurrence of any one or more of the following events:


2. Any Government agency, licensing board or court finds that any services as provided by WCC® 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 WCC®.

4. Applicant fails to meet recertification criteria prior to expiration date of their WCC® 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, a WCC® is required to recertify with the NAWCO® to maintain their credentials. A WCC® may recertify by examination, training, mentoring, 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 WCC® 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 WCC® 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. $330.00 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 skin and wound management training course that meets criteria established by Certification Committee.
   b. Receive passing score on examination within two (2) years or four (4) attempts (whichever comes first) of credential lapse*.
   b. Complete the continuing education verification form. (A minimum of 60 contact hours per requirements must be documented). This form can be found at nawccb.org.
      i. Copies of original “certificates of completion” forms from each continuing education program entered on your continuing education verification form must 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 WCC® 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 WCC® 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.

Examination Administration

The Wound Care Certification Examination is sponsored by the National Alliance of Wound Care
The independent NAWCO® Certification Committee has been established to develop and maintain the WCC® certification program and all its essential activities.

**NAWCO is completing the Job Task Analysis and will post the required passing score once the process has been completed.**

Computerized versions of the examination are administered at computer based testing facilities managed by [PSI Computer Testing, Inc.](http://www.psi-testing.com). PSI has testing sites in the United States and other countries.

Proctored paper and pencil examinations are available in various scheduled locations around the US for those attending live classes.

**Content of Examination**

The certification exam is an objective, multiple-choice test consisting of up to 110 questions and is available in a computerized format or paper & pencil format with a total testing time of two (2) hours. Candidates are only scored on 100 questions for exams that consist of 110 questions, as 10 questions are not scored. Those 10 questions are used to create future exams.

The questions for the certification examination are prepared by the NAWCO® Certification Committee and teams of Subject Matter Experts (SMEs). The examination questions are written to assess cognitive levels of knowledge, comprehension, application and analysis related to skin and wound management.

The content for examination questions is based upon job practice analyses conducted to ensure the content is current, job-related and representative of the responsibilities of wound care practitioners. Each question is subjected to editing for grammar, bias, and technical adequacy by experts from the testing agency.

The passing point is determined by the Certification Committee relying on recommendations from standard setting procedures conducted by NAWCO®’s psychometric vendor, Alpine Testing Solutions. The standard setting method applied by NAWCO® is a criterion-referenced process that involves a committee of subject matter experts making judgments about the difficulty of each exam question relative to a defined level of performance for the minimally qualified candidate.

The examination is weighted in approximately the following breakdown:

- **Patient and Wound Information**: 27%
- **Plan of Care**: 40%
- **Legal**: 14%
- **Skin**: 19%

**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 weeks prior to the requested examination date. The request must be specific as to the nature of the problem. The applicant is responsible for demonstrating that the request should be granted.

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

Review of Examinations
For security reasons, examination materials are not available for review. Neither the testing corporation nor the NAWCO® will discuss specific questions on any of the examinations. Comments about questions should be directed in writing to the NAWCO® Certification Committee. The NAWCO® will review comments relating to the exam but will not make a written response to comments.

Candidates who believe their examination results were improperly recorded or their examination graded inaccurately may request that their examination be hand scored. To request examination hand scoring, candidates should submit a written request complete with signature to NAWCO®. This request must be postmarked no later than 100 days after the test administration date.

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

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

Candidates who allow the two (2) year time limit to expire, but who do not exhaust the four (4) exam attempts, are not required to wait one (1) year prior to reapplying to take the exam again. However, all unsuccessful candidates must meet both an Education and an Experience eligibility option in order to retake the examination. Candidates are encouraged to self-study or attend a wound management-training course during this
time. Unsuccessful candidates are not eligible for any refunds.

Reexamination
1. The NAWCO® is notified by the testing company of all non-passing scores.
2. The National Alliance of Wound Care and Ostomy® will contact you by email with instructions and an application for re-examination. The application can also be downloaded on the NAWCO® website at www.nawccb.org
3. Each reexamination application submitted must be accompanied by the $330 fee.
4. Reexamination application forms will be processed upon receipt.
5. Submit all of the above along with $330 to:
   National Alliance of Wound Care and Ostomy®
   PO BOX 235
   Somonauk, IL 60552
   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 at 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:
  o Present a current US Government issued photo ID that includes your current name exactly as it is listed on your examination authorization.
  o 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. The practice test is not wound related and assists only in understanding how the computer based training process works.

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

Examination Results
After you finish the examination, you are asked to complete a short evaluation of the 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 “WCC®” credential immediately and will be able to print their WCC® Certification Certificate, wallet ID card and congratulations letter within 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 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 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 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.


"Wound, Ostomy, and Continence Nursing Secrets,” by Catherine Milne, Lisa Q. Corbett, and Debra Duboc; Publisher Hanley & Belfus, 2002.


Advances in Skin & Wound Care Journal, Published by Lippincott, Williams, & Wilkins.

Ostomy/Wound Management Journal, Published by HMP Communications

Examination Content Blueprint
Domain and Objective

Domain 1 - Patient and Wound Information
- 1.01 - Apply procedural concepts to obtain patient history
- 1.02 - Analyze wound characteristics
- 1.03 - Identify wound types, probable etiology, and stage or grade, if appropriate
- 1.04 - Determine indications of compromised wound healing

Domain 2 - Plan of Care
- 2.01 - Select appropriate wound care treatment options
- 2.02 - Verify the effectiveness of the plan of care and recommend appropriate revisions
- 2.03 - Determine steps for wound bed preparation and management
- 2.04 - Determine need for diagnostic testing and subsequent action
- 2.05 - Determine need for nutritional intervention
- 2.06 - Determine educational plan
- 2.07 - Determine preventative strategies to mitigate risk factors

Domain 3 - Legal
- 3.01 - Apply legal and institutional guidelines to ensure accurate documentation
- 3.02 - Apply standards of care and best practices
- 3.03 - Apply legal concepts to the wound care practice

Domain 4 - Skin
- 4.01 - Analyze skin integrity across patient lifespan
- 4.02 - Describe structures and functions of normal skin
- 4.03 - Differentiate treatment options for abnormal skin conditions
- 4.04 - Describe phases of wound healing
• 4.05 - Analyze the impact of circulatory and lymphatic systems on wound healing

**Sample Examination Questions**

1. Which of the following occurs in the inflammatory phase of wound healing?
   a. Granulation
   b. Fibroplasia
   c. Angiogenesis
   d. Migration of neutrophils to the site

2. Which of the following phases of wound healing characterize chronic wounds?
   a. Inflammatory and proliferative
   b. Inflammatory and maturation
   c. Hemostasis and proliferative
   d. Hemostasis and maturation

3. Which of the following is an indication for using a foam dressing?
   a. Scant serosanguinous drainage
   b. Intact stable eschar on heel
   c. Stage IV tunneling wound with moderate exudate
   d. Hypergranulation tissue

4. Mr. Edwards, a non-ambulatory patient has a full thickness venous ulcer on his right medial calf. The ulcer bed is 100% red granulation tissue with significant drainage. Which of the following dressing materials would be the best choice for treatment?
   a. Hydrogel dressing and Unna’s Boot
   b. Alginate and multilayer elastic compression bandaging
   c. Hydrocolloid and Unna’s Boot
   d. Saline gauze and multilayer compression bandaging

5. Which of the following symptoms are associated with wound infection?
   a. Increased exudate, necrotic tissue, odor, granulation
   b. Odor and albumin 3.5 gm/dL, protein 7 gm/dL, BUN 18mg/dL
   c. Necrotic tissue and WBC -10 K/ul
   d. Quantitative culture of >100,000 bacteria per gram

6. Three wound complications are:
   a. Infection, hemorrhage, approximation
   b. Dehiscence, epithelialization, evisceration
   c. Infection, dehiscence, evisceration
   d. Contraction, abscess, fistula formation

7. A surgical wound closed with surgical staples is an example of:
   a. Primary intention
   b. Secondary intention
   c. Tertiary intention
   d. Artificial intention

8. Which of the following is a form of selective debridement?
   a. Whirlpool
   b. Sharp surgical
   c. Wet-to-dry
   d. Biosurgical

9. A 26-year-old woman who has had type 1 diabetes for 3 years is able to feel a monofilament on both of her feet; however her heels are very dry and cracked. You should advise her to:
   a. Soak her feet in warm water every day for 30 minutes
   b. Apply powder or cornstarch to her feet
   c. Use lotion on the dry, cracked areas
   d. Use a callus remover daily
10. You suspect your patient has osteomyelitis. What lab tests would help confirm this diagnosis?
   
a. Hgb A1c, prealbumin, CBC
b. CBC, BMP, albumin
c. Calcium level, CBC, PT/INR
d. CBC, ESR, C-reactive protein

Answers: 1(d), 2(a), 3(d), 4(b), 5(d), 6(c), 7(a), 8(d), 9(c), 10(d)
#1 Eligible Licenses

Active unrestricted license: RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM

#2 Eligibility Requirements:
(Candidates must meet 1 Education Requirement and 1 Experience Requirement)

**Education:** (Must meet 1 of the options listed below) All Candidates

- **Option A:** Graduation from a skin and wound management education course that meets certification committee criteria

  **OR**

- **Option B:** Current active CWCN, CWON, CWOCN (from the Wound Ostomy Continence Nursing Certification Board (WOCNCB), or CWS certification (from the American Board of Wound Management (ABWM)

**AND**

**Experience:** (Must meet 1 of the options listed below) All Candidates

- **Option A:** Have completed 120 hours of hands-on clinical training with approved NAWCO preceptor

  **OR**

- **Option B:** Have completed two (2) years full-time or four (4) years part-time experience in an approved profession with ongoing, active involvement in the care of wound care patients or in management, education, or research directly related to wound care

  *EXPERIENCE: Full-time is considered 40 hours per week. Part-time is considered less than 40 hours per week.*

#3 Choose Your Options

<table>
<thead>
<tr>
<th>Education</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course or Existing Certification</td>
<td>Preceptor or 2 years FT or 4 years PT</td>
</tr>
</tbody>
</table>

#4 Additional Requirements

<table>
<thead>
<tr>
<th>Necessary for all Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicants must agree to adhere to the NAWCO® Code of Ethics</td>
</tr>
<tr>
<td>Completion of application and required supporting documentation</td>
</tr>
<tr>
<td>Full payment of required fees</td>
</tr>
<tr>
<td>Passing score on WCC® Certification exam</td>
</tr>
</tbody>
</table>

The certification committee requires that one option from each requirement be met. For Example: If applying to take the examination, and you intend to take a course and have 2 years of full time experience, you would meet the requirements for Education by Option A and Experience by Option B.
### WCC® Lapsed Credentials Options at a Glance

**Lapsed Certification**

<table>
<thead>
<tr>
<th>#1 Eligibility</th>
<th>Training</th>
<th>Exam</th>
<th>Continuing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>WCC® Lapsed Certification less than 2 years after expiration date</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
<tr>
<td>Current License as RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM</td>
<td>✔</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

**#2 Experience*: (In the past 5 years)**

<table>
<thead>
<tr>
<th>Training</th>
<th>Exam</th>
<th>Continuing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 2 years full-time or 4 years part-time in wound care</td>
<td>✔</td>
<td>✔</td>
</tr>
</tbody>
</table>

*EXPERIENCE: Full time is considered 40 hours per week. Part time is considered less than 40 hours per week.

**#3 Requirements (Choose one of the following)**

<table>
<thead>
<tr>
<th>Training</th>
<th>Exam</th>
<th>Continuing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduation from skin and wound management course that meets certification committee criteria</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>Passing score on WCC® Certification exam</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>60 contact hours of continuing education related to skin and wound management</td>
<td></td>
<td>✔</td>
</tr>
</tbody>
</table>

**Additional Requirements**

<table>
<thead>
<tr>
<th>Necessary for all Applicants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completion of reinstatement application and required supporting documentation</td>
</tr>
<tr>
<td>Full payment of required fees</td>
</tr>
</tbody>
</table>

**#4 Choose your Option**

<table>
<thead>
<tr>
<th>Training</th>
<th>Exam</th>
<th>Continuing Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select the option to reinstate your lapsed WCC® Certification</td>
<td>Training Option</td>
<td>Exam Option</td>
</tr>
</tbody>
</table>

**Final Rule on Lapsed Credential:**

If the credential has lapsed more than two years from the expiration date, certificant will be processed as a new candidate and all eligibility criteria must be met including a passing score on the certification exam.
WCC® 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 WCC®
professional Wound Care Certified certification
credentials. Successful participants in this
program may become authorized to use the WCC®
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 WCC® 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 WCC®
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
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 WCC® 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 WCC® 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 WCC®
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 WCC® 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 WCC® unless Applicant has completed the certification requirements for the WCC® certification credential and has been notified by NAWCO® in writing that Applicant has achieved certification status of WCC®. 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.
# WCC® Certification Application

ANY MISSING OR INCOMPLETE INFORMATION MAY CAUSE DELAY IN PROCESSING - (9/2018)

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<tr>
<th>1. PRINT NAME (as it appears on your professional license)</th>
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<tr>
<th>2. MAILING ADDRESS</th>
<th>3. DATE OF BIRTH</th>
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<tr>
<td>Street:</td>
<td>City:</td>
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<tr>
<th>Mobile Telephone:</th>
<th>Evening Telephone:</th>
<th>Personal Email: Required for Confirmation</th>
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<th>4. APPLICATION TYPE:</th>
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<tr>
<td>□ Initial Certification</td>
<td>□ Lapsed Credential</td>
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<tr>
<th>5. PROFESSIONAL TITLE</th>
<th>6. EDUCATION:</th>
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<tr>
<td>(List all that apply, LPN, RN, PT, etc)</td>
<td>(Diploma, BS, BSN, etc.)</td>
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<tr>
<th>License Type:</th>
<th>License Number(s):</th>
<th>State:</th>
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<th>ORIGINAL Issue Date:</th>
<th>Expiration Date:</th>
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<tr>
<th>7. PLACE OF EMPLOYMENT</th>
<th>8. LICENSED EXPERIENCE/PRACTICE WOUND CARE</th>
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<tbody>
<tr>
<td>(Hospital, LTC, LTAC, etc.)</td>
<td>□ &lt; 2 years</td>
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<td>□ &gt; 5 but &lt;10 years</td>
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<tr>
<th>9. EDUCATION</th>
<th>10. EXAMINATION METHOD:</th>
<th>11. ADA ACCOMMODATIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online Course (Enter Course Title &amp; Provider)</td>
<td>Onsite Course (Enter Location &amp; Date)</td>
<td>YES, special arrangements will be necessary for me to complete the examination. (If yes, complete forms in handbook and submit to NAWCO)</td>
</tr>
<tr>
<td>Course:</td>
<td>Location:</td>
<td></td>
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<tr>
<td>Provider:</td>
<td>Provider:</td>
<td>Dates:</td>
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<tr>
<th>□ Certification (Enter Certification and #)</th>
<th>12. APPLICATION-CERTIFICATION FEES</th>
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<tbody>
<tr>
<td>Certification:</td>
<td>Non-Refundable Processing Fee. $30.00</td>
</tr>
<tr>
<td>#:</td>
<td>Certification Fee . . . . . . $300.00</td>
</tr>
<tr>
<td>#:</td>
<td>Lapsed Late Fee . . . . . . . $300.00</td>
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<th>Balance Due:</th>
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<th>13. WORK EXPERIENCE VERIFICATION:</th>
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<tbody>
<tr>
<td>All candidates must complete the following section(s) to document required wound care related work experience. Misrepresentation discovered pre or post certification may result in denial or revocation of credential.</td>
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<tr>
<th>Employer:</th>
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<tr>
<th>Employer Full Address:</th>
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<tr>
<th>Employment Dates From:</th>
<th>□ Current Employer?</th>
<th>□ Full Time</th>
<th>□ Part Time</th>
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<td>Good /___ /___ to:</td>
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<tr>
<th>Supervisor Name:</th>
<th>Supervisor Phone #:</th>
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</table>
**Employer________________________________________________________________________________________________**

**Employer Full Address_______________________________________________________________________________________

**Employment Dates From: ____ /____ /____ to: ____ /____ /____ □ Current Employer? □ Full Time □ Part Time

**Supervisor Name: _________________________________________        Supervisor Phone #: __________________


I hereby affirm that I have been a ________ actively and directly involved in the delivery of wound care or in Management, Education or Research directly related to wound care for a: (Please check one)

[ ] LESS than two years full-time or four years part-time within the past five years. (PRECEPTOR OPTION)

[ ] MINIMUM of two years full-time or four years part-time within the past five years.

I further affirm that I am currently licensed to practice as a ______ (License Type) 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® WCC® Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® WCC® 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 WCC® 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 WCC® 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 all copies of the Certificate of Certification.

I affirm that it is my responsibility to obtain an approved clinical preceptor and I am responsible for all associated fees. I also am aware I must complete my clinical hours within one year of the approved skin and wound management course and that I may not begin my clinical hours until I have completed that course. **(Preceptor Option Only - Initial only if applicable)**

Initial ____________

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

I have read and agree to abide by the NAWCO® Code of Ethics listed in the WCC Candidate Handbook.

_________________________________________                                  _______________________________

Applicant's Signature                                                                 Today's Date
15. PAYMENT: CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card

<table>
<thead>
<tr>
<th>Explanation of Fees</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Non-Refundable Processing Fee</td>
<td>$30.00</td>
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<tr>
<td>Certification Fee</td>
<td>$300.00</td>
</tr>
<tr>
<td>Lapsed Late Fee (If Applicable)</td>
<td>$300.00</td>
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I, _____________________________________________, hereby authorize the National Alliance of Wound Care and 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__________________

Email: ____________________________________ 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®
PO BOX 235
Somonauk, IL 60552
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®
PO BOX 235
Somonauk, IL 60552
Or fax to: 1-800-352-8339
Or email: admin@nawccb.org
Continuing Education Verification Record

Instructions: Use this form to document your contact hours/continuing professional education units. Refer to Candidate Handbook for specific instructions for completion of this form.

1. Submitting for Lapsed Credential - Include copies of Certificates of Completion

2. Submitting for Recertification - Complete form, certificate copies not required unless requested by NAWCO.

(Contact Hour Equivalencies: 1 CH is approximately 50 - 60 minutes of actual education time. 1 CH = 1 CPEU)

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<tr>
<th>Title/Subject Matter/Content</th>
<th>Date</th>
<th>Sponsor/Provider/Institution</th>
<th>Location</th>
<th>CH/CPEU</th>
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Total contact hours

I hereby acknowledge that the above stated activities and contact hours are valid and represent my continued education in the area of skin, wound and/or nutrition management if applicable. I also understand that my misrepresentation or falsification of these activities could lead to denial of my NAWCO® credential.

______  __________
Signature Date
NAWCO® Reexamination 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 #**

4. **E-MAIL:**

5. **SELECT CREDENTIAL FOR RE-EXAM:** □ WCC □ DWC □ LLE □ OMS □ NWCC

6. □ ADA Please contact me

7. **PROFESSIONAL TITLE** (LPN, RN, PT, etc) License Type: _______ License#(s):_______

   **State:**_______ **ORIGINAL Issue Date:**_________ **Expiration Date:**_________

8. **APPLICATION-CERTIFICATION FEES:**

   - Non-Refundable Processing Fee & Examination Fee ................. $330.00

9. **RETEST #:** (Indicate attempt #)

   □ 1st Retest □ 2nd Retest □ 3rd Retest

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

    I, _____________________________________________, hereby authorize the National Alliance of Wound Care and 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:________________

    Email: _____________________________________________ Telephone: ____________________________________________

    Cardholder Signature: _____________________________________________ Date: ___________

11. **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®) 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.

    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 agree to abide by the policies and procedures and the NAWCO® Code of Ethics 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®
PO BOX 235
Somonauk, IL 60552
Or fax to: 1-800-352-8339
Or email to: admin@nawccb.org