



National Alliance of Wound Care  
and Ostomy™

WCC®  
Preceptor  
Handbook

March 2022

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.

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 Preceptor Program process of the National Alliance of Wound Care and Ostomy®.

The information contained in this Handbook is the property of National Alliance of Wound Care and Ostomy® and is provided to candidates who will be taking the Preceptor Pathway. 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 and all required paperwork, it is important that you follow the guidelines outlined in this handbook and comply with our required deadlines, and proper completion. If you have any questions about the policies, procedures, or processing of your application/paperwork after reading this handbook, please contact the National Alliance of Wound Care and Ostomy®. Additional copies of the handbook may be obtained from our website: [www.nawccb.org](http://www.nawccb.org).

WE RECOMMEND YOU KEEP THIS HANDBOOK FOR REFERENCE. 3/2022

## **Checklist**

- Read the Handbook cover to cover.
- Understand ALL National Alliance of Wound Care and Ostomy® policies.
- Understand the WCC® Preceptor eligibility requirements and the application process.
- Fill out the application form in its entirety.
- Sign your application form.
- Submit application/examination fees of \$380.00, made payable to NAWCO®.
- 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®
  - 11817 Crestview Blvd
  - Kokomo, IN 46901
  - or fax to: 1-800-352-8339 or email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)

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## Using the Preceptor Option

The preceptor option is an ideal choice for wound care certification for healthcare clinicians that do not have sufficient experience to qualify through the education option alone. This is a two step process that requires completion of a training course in skin and wound management and 120 hours in the clinical setting.

Any clinician holding an active, unrestricted professional license included in the list provided under Student Qualifications may apply for WCC® wound care certification through the preceptor option program. WCC Student Responsibilities Preceptor Program

## WCC Student Responsibilities

### **Student Qualifications**

To be accepted into the Preceptor Program, the following criteria must be met:

1. Hold an active unrestricted license for at least one (1) year 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. Complete the application and pay all applicable fees. Students must register at NAWCO, pay the certification fees, receive approval from NAWCO, and secure an NAWCO approved preceptor prior to starting clinical and education hours. **Clinical hours started prior to approval of the student OR the preceptor will not be accepted.**
3. Obtain a qualified clinical preceptor to provide the clinical training. This preceptor must be an approved NAWCO preceptor.
4. Attend an educational course that meets the criteria established by the certification committee. Upon successful completion of the course, the student must submit a copy of the Certificate of Completion to NAWCO.
5. Applicants must agree to adhere to the NAWCO Code of Ethics.
6. **Receive approval from NAWCO to start clinical hours. The student is required to spend 120 hours (3 weeks) in the clinical**

**setting working under the supervision of the preceptor.**

7. The student and preceptor use the WCC® Clinical Activity Log to document the various tasks experienced in the clinical setting. After completion of 120 clinical hours the preceptor submits the WCC® clinical activity log and student evaluation to the NAWCO®.
8. Upon receipt of the completed clinical activity log and satisfactory evaluation, an authorization letter with instructions for the NAWCO® WCC® exam will be sent to the student. Exams are offered by Prometric. A listing of available testing centers with detailed maps may be viewed at [www.isoqualitytesting.com](http://www.isoqualitytesting.com)

### **Student Responsibilities**

1. Students are required to find a qualified clinical preceptor to provide their clinical training.
  - Read the Preceptor Manual in order to understand the type of medical settings and medical providers that are appropriate and qualified to provide preceptorship.
  - Seek settings and medical providers with qualities and requirements outlined in the Preceptor Manual.
  - Provide a copy of the Preceptor Manual to medical providers who are interested in precepting a student.
  - Make effort to acquire a Preceptor before the start of skin and wound management training course.
  - Be aware that student may be restricted by either the state board governing their license, or by the employer, to using only those preceptors holding the same professional license as the student.
2. Student is responsible for all agreements and arrangements with the selected preceptor.
3. In order to experience multiple wound care scenarios, students may choose to obtain more than one (1) clinical preceptor; however all must be approved by the National Alliance of Wound Care & Ostomy®.
4. Student is responsible for any associated fees required by preceptor.

5. Student is responsible for obtaining appropriate health exams, insurance etc. required by preceptor.
6. Clinical preceptorship should be completed within one year after completion of NAWCO® approved training course.
7. During clinical rotation, schedules, tasks, absences are all communicated directly with the preceptor. In the event that student is ill or will be unable to attend clinical rotation, the student should notify the preceptor as soon as possible, preferably at least the day preceding the scheduled clinical.
8. Clinical hours are to be documented daily on the WCC® clinical timesheet. Preceptor is to verify hours and initial timesheet on a weekly basis. Upon completion of the clinical rotation, student and preceptor sign the timesheet and preceptor submits to National Alliance of Wound Care & Ostomy®.
9. The WCC® Clinical Log should be used as a guide for clinical objectives. All activities on the log should be completed within the 120 hour clinical rotation.
  - a. The preceptor is responsible for documenting on the form when an activity is accomplished.
  - b. Students should be familiar at all times with what activities have been accomplished and which other areas needed to be completed.
  - c. Assist the preceptor in finding opportunities for activities.
  - d. If opportunities are limited or unable to complete required activities, additional hours or another clinical preceptor may be needed.
10. Upon completion of all required clinical activities and hours, the preceptor will complete the WCC® Clinical Log and a clinical narrative evaluation for the student.
  - a. The preceptor will review the clinical evaluation with the student.
  - b. Both student and preceptor need to sign the evaluation.
  - c. Preceptor responsible for submitting the clinical log and evaluation to the National Alliance of Wound Care & Ostomy® office.
11. National Alliance of Wound Care & Ostomy® will notify student by email of eligibility and instructions for scheduling the WCC® examination.
12. Student must schedule exam within two (2) years of completing the skin and wound management training course.

## **WCC Clinical Preceptor Responsibilities**

### **Preceptor Qualifications**

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. Current active certification National Alliance of Wound Care & Ostomy® as a “WCC®” or current active certification with Wound Ostomy Continence Nursing Certification Board (WOCNCB) as a “WCN”, “CWON”, “CWOCN” or Current active certification with American Academy of Wound Management (AAWM) as a “CWS”.
3. At least two (2) years of clinical experience in wound care within the last five (5) years, and a minimum of one (1) year of experience since wound care certification.
4. Sufficient clinical population and opportunities to provide hands on wound care skills and learning experiences to student.
  - a. Acute Care and Long Term Care - Average of 6-10 patient visits per day.
  - b. Home Health Care - Average of 3 - 6 patient visits per day.
5. Approval from employer/state licensure board (if required)
6. Note: A Subject Matter Expert, (SME) may not be a preceptor within two years of service on an SME committee.

### **Preceptor Responsibilities**

The purpose of the WCC® clinical preceptorship is to provide a supervised clinical experience in which WCC® students have the opportunity to apply classroom knowledge in the clinical setting with an experienced wound care practitioner.

The ultimate goal of the clinical preceptorship is to provide students with comprehensive wound care experiences where upon completion, the student will be able to function safely and independently.

The overall preceptor responsibilities shall include the orientation, supervision, teaching, and evaluation of student's performance in the clinical setting.

Additional responsibilities:

1. Obtain approval for preceptorship from employer.
2. Coordinate and communicate to student all employer requirements and contractual agreements needed prior to clinical rotation.
3. All decisions and agreements related to preceptorship fees are the responsibility of the preceptor and the student.
4. Read the WCC® clinical log in order to understand the experiences and tasks that are needed for the student to successfully complete the clinical rotation.
5. Review student's previous learning experiences and clinical objectives to be accomplished.
6. Review clinical opportunities and schedule student accordingly with a total of 120 clinical hours required.
7. The WCC® Clinical log form is to be completed by preceptor during the clinical rotation as the student completes required tasks.
8. Student is required to maintain a daily timesheet during clinical preceptorship. Preceptor should verify hours and initial on a weekly basis. Upon completion of the clinical rotation, student and preceptor sign the timesheet and preceptor submits to National Alliance of Wound Care & Ostomy®.
9. Provide timely and necessary input to student regarding student's ability to meet the objectives throughout the clinical rotation. Identify areas where the student is competent and also areas that need improvement.
10. Direct the progression of student assignments based on both the preceptor's and student's evaluation of readiness, knowledge, and skill competencies.
11. Provide feedback on the accuracy and completeness of the student's documentation of clinical findings. If clinical site policies prohibit student from writing in the actual medical record, instruct student to practice documentation skills by writing their findings in a notebook or scratch paper.
12. Ensure that the student's performance is consistent with standards set forth in clinical site policies, procedures, and advanced practice protocols for patient care, education, and administration duties.
13. Notify National Alliance of Wound Care & Ostomy® immediately of any unsafe clinical practice by the student or if the student demonstrates difficulties in meeting the requirements of the preceptorship experience.
14. Clinical preceptor can recommend additional clinical hours if student is given a "marginal" performance rating for clinical rotation. If student is given a "fail" rating for the clinical rotation, student must complete an additional 120 hour clinical preceptorship with either the same preceptor or another approved preceptor in order to meet eligibility requirements to sit for the WCC® Certification Examination.
15. If learning opportunities are limited, preceptor may choose to have student perform classroom demonstrations, role play or discuss and evaluate case study scenarios.
16. Complete the WCC® clinical narrative evaluation at the end of the clinical preceptorship.
17. Review the completed WCC® clinical log and the clinical narrative evaluation with the student.
18. Submit the completed WCC® clinical log along with Clinical narrative evaluation to the National Alliance of Wound Care & Ostomy®.

### **Preceptor Tips**

1. Preceptor takes on the role of a mentor, advisor, and clinical expert.
2. Be a Role Model. Demonstrate a consistent application of the current standards of wound care and model of practice.
3. Provide adequate supervision of the student without being restrictive (as the student progresses, the preceptor's role should be to

- deliberately and progressively take a less active role in the rotation)
4. Sharing expectations on the first day helps set the tone for the learning experience.
    - a. *Learning About Each Other* - The first meeting with a student should address mutual expectations. You should allow approximately 30 minutes on the first day to greet the learner and share information.
    - b. *Previous Experience* - Many WCC® students do not have a lot of clinical experience. Get to know your student, ask questions find out what the student's own goals are for the experience.
    - c. *Responsibilities* - Be as explicit as possible about the entire spectrum of responsibilities. Consider such mundane but important aspects as how to dress, where to park, through what doorway to enter the building, and where to store personal possessions, as well as expectations and clinical site rules and regulations. Be clear on how you want the student to contribute to the rotation - some activities may be observational, while others may require hands-on participation.
    - d. *Teaching* - You may wish to tell the student you will "teach on the fly", primarily by asking questions, role-modeling, and directing the learner to the literature to answer important content questions. Whatever approach you choose, briefly describe what will occur and what the student must do to make the process work.
    - e. *Evaluation and Feedback* - The student needs to know about evaluation and feedback, including when and how it will occur, and to have a clear idea of what criteria will be used for evaluation. Use this time to reassure the learner that you will offer informal feedback frequently during the experience.
  5. Do not always provide answers. Provide tips to help guide your student through the problem-solving process.
  6. Immediate feedback is most effective. Correct a misunderstood situation or mistake as soon as it happens.
  7. Not only do preceptors teach, but they also learn by teaching.
    - a. The student will ask you challenging questions. These questions require you to provide a rationale for the treatment regime of the patient.
    - b. Additionally, it gives you the opportunity to re-evaluate the treatment approach related to a certain conditions.
  8. Listen to what the students need or want to learn, and don't present only what you want to teach. One teaches more by what one does than by what one says.
  9. Remember that every individual is unique and that you must tailor the learning to the individual.
  10. Get to know the student's strengths and weaknesses as soon as possible, and then help find experiences to address the weaknesses and capitalize on the strengths.
  11. Let people make mistakes - as long as it doesn't jeopardize patient safety. This is an excellent way for learning to have an impact.
  12. Encourage questions, and make sure the student understands that no question is stupid.
  13. Go step by step: students cannot be taught short cuts - they first need to learn things the established way. On the other hand, if there is a safe short cut, share it!
  14. Think Aloud for the Student/Explain your Rationale/ Experience - Recalling your rationale aloud as you discuss cases or situations with the student will be valuable. Expect the student to question you in response. Help the student practice collaborative communication by exploring with them the important implications of the situation.
  15. Learning Style: recognize and accommodate the learning style of your student. Some learners like a lot of discussion, before trying out a new skill while others want to practice right away and then discuss and learn from their practice session. To understand the learning style of your student, listen to what they say and observe what they do; that assessment will give you some useful information about how to tailor your approach to their learning needs. Your learning style

may be different from your student; that is to be expected. It is your job to enter the world of your student so learning can take place. This may not be easy, but it may be the best way to achieve results.

## **Code of Ethics**

“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 patient’s rights to treatment with informed and voluntary consent.
- Respect patient’s 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.

## **How to Become a Preceptor**

1. Read the Preceptor Manual in order to understand qualifications that are appropriate to provide preceptorship.
2. Complete the *WCC Preceptor Application*
3. Send the completed *WCC Preceptor Application* to:

**National Alliance of Wound Care & Ostomy**  
**11817 Crestview Blvd**  
**Kokomo, IN 46901**  
**Email: [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)**  
**Fax: 800-352-8339**

# Preceptor At A Glance



## Preceptor Pathway Option

#1 Requirements	
Current License RN, LPN/LVN, NP, PA, PT, PTA, OT, OTA, MD, DO, DPM	✓
Completion of application and required supporting documentation	✓
Full payment of required fees	✓

#2 Experience:* In the past 5 years	
Less than 2 years full-time or 4 years part-time	✓

*\*EXPERIENCE: Active involvement in the care of wound care patients or management, education or research directly related to wound care. Full-time is considered 40 hours per week. Part-time is considered 20-39 hours per week or if the employer considers the employee part-time*

#3 Additional Requirements	
Successful completion of NAWCO® approved Skin and Wound Management Course	✓
Identify a Preceptor prior to application	✓
Completion of 120 hours of hands on clinical training with an NAWCO® approved clinical preceptor	✓
Passing score on WCC® Certification exam	✓

WCC cert Precept 7-2017

# WCC® Preceptor Application

ALL FIELDS MUST BE COMPLETED PRIOR TO CONSIDERATION - (3/2022)



## CONTACT INFORMATION

### 1. PRINT NAME (as it appears on your professional license)

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

### 2. MAILING ADDRESS

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Email: (Required)

( ) ( )

## EDUCATION

### 4. PROFESSIONAL TITLE (List all that apply, LPN, RN, PT, etc)

License Type: \_\_\_\_\_

License Number(s): \_\_\_\_\_ State: \_\_\_\_\_

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

### 5. EDUCATION: (Diploma, BS, BSN, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## WOUND CARE

### 7. PLACE OF EMPLOYMENT (Hospital, LTC, LTAC, etc.)

\_\_\_\_\_

### 8. OTHER BOARD CERTIFICATIONS: (CWS, CWOCN, CWCN, etc.)

*\*MUST PROVIDE A COPY OF CURRENT CERTIFICATION TO BE APPROVED\**

Certification: \_\_\_\_\_ #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Certification: \_\_\_\_\_ #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

### 9. LICENSED EXPERIENCE/PRACTICE WOUND CARE

Less Than 2 years       2 to 5 years       >5 but <10 years       >10 years

### 10. HOURS WORKED IN WOUND CARE PER WEEK:

Part Time - 8-20 hours       Part Time - 21-39 hours       Full Time - 40 or more

### 10. PATIENT CASELOAD: Document the average weekly number of patients seen and type care setting.

Wound Type	Acute Care	Long Term Care	Home Health Care	Outpatient	Other
Pressure Ulcers					
Neuropathic (Diabetic) Ulcers					
Venous and/or Arterial					
Surgical					
Burns					
Trauma					
Palliative					
Dermatological					
Other Skin Problems					
<b>TOTAL</b>					

## EMPLOYMENT

Complete the following sections to document required wound care related work experience. May attach additional pages if needed.

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Dates From: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_  Full Time  Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Dates From: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_  Full Time  Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

Current Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employment Dates From: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_  Full Time  Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone Number: \_\_\_\_\_

## ADDITIONAL QUALIFICATIONS

List any additional qualifications or clinical experience that may enhance your ability as a clinical preceptor.

## AGREEMENT AUTHORIZATION

I hereby affirm that I have been a \_\_\_\_\_ actively and directly involved in the delivery of wound care for a minimum of two years full-time within the past five years and a minimum of 1 year of experience since wound care certification.  
(Wound Certification Credential)

I further affirm that I am currently licensed to practice as a \_\_\_\_\_ in the state of \_\_\_\_\_.  
(Professional License Type)

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 that it deems necessary to verify my credentials and professional standing.

I have read and understand all the responsibilities of a WCC® Clinical preceptor, provided in attached NAWCO® preceptor handbook. I further agree to abide by the policies and procedures as set forth in the NAWCO® preceptor handbook and all conditions included in the NAWCO® preceptor agreement.

I declare that the foregoing statements are true.

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

\_\_\_\_\_  
Date

**Return completed application to NAWCO**

**By Mail: 11817 Crestview Blvd, Kokomo, IN 46901**

**By Fax: 800-352-8339**

**By email : [sr.admin@nawccb.org](mailto:sr.admin@nawccb.org)**

**WCC® Preceptor Clinical Log**

Student Name:	Preceptor Name:
Clinical Location:	Dates of Preceptorship:

**Directions: Upon student's completion of each activity, preceptor should initial and date in the corresponding "Completed" column. Activities marked with an asterisk (\*) are optional.**

Activity	Date Completed	Initials
<b>Risk Assessment</b>		
Utilizes risk assessment tool (Braden, Norton).		
Identifies co-morbidities from patient's history that may contribute to skin breakdown.		
Identifies environmental complications.		
Demonstrates head to toe body assessment, focusing on high risk areas.		
Recommends appropriate preventative measures.		
<b>Wound Assessment</b>		
Accurately identifies wound bed characteristics: tissue types, wound edges, peri-wound, exudate, and anatomical location.		
Differentiates between wound classifications - acute, chronic, full thickness, partial thickness.		
Performs linear wound measurements.		
Identifies etiologic factors.		
Recognizes symptoms of bacterial levels in wound.		
Identifies types of primary and secondary skin lesions.		
Conducts wound pain assessment.		
Accurately identifies impediments to the wound healing process - (e.g. radiation, non-compliance, tissue profusion, mechanical insult, cytotoxic solutions, bacterial contamination, foreign body, allergies to treatment, temperature variances, hypoxia, exudate, and epiboly)		
<b>Topical Management</b>		
Choose appropriate cost effective topical treatment for:		
Wound Cleansing		
Insulation of the wound bed		
Debridement of necrotic tissue		
Treatment of bacterial levels		
Packing of dead space		
Exudate management		
Moisture balance		
Opening of the wound edges		
Protection of wound and surrounding tissue		
Pain Management		
Odor Management		
Minimum disturbance to patient		
Recommends appropriate treatment for:		
Stable Intact Eschar		
Fungal rash		
Skin Tear		
Identifies indications and makes recommendations for:		
*Topical Growth Factors		
*Skin Substitutes		
*Hyperbaric Oxygen Treatment		

Activity	Date Completed	Initials
<b>Nutritional Management</b>		
Identifies nutritional complications - unintended weight loss, malnutrition, dehydration, and dysphagia.		
Reviews lab data reflective of nutritional status. (Albumin, Pre-albumin, CBC, glucose, A1C, Protein)		
Recommends appropriate nutritional interventions and referrals.		
<b>Pressure Injuries</b>		
Accurately identifies all pressure injury stages.		
Assess for causative and contributing factors.		
Recommends appropriate treatment based upon patient assessment.		
Recommends appropriate support surface and offloading techniques based upon patient assessment.		
Provides appropriate education to patient and caregivers.		
<b>Neuropathic (Diabetic) Ulcers</b>		
Assess for causative and contributing factors, general health, and glucose control.		
Perform diabetic foot examination.		
Palpation pulses: Posterior Tibial and Pedal pulse		
Assess for edema, temperature, color changes		
Assess for structural deformities, calluses, ulcerations		
Semmes-Weinstein Monofilament Test		
*Toe Brachial Pressure Exam		
*Footwear Evaluation		
*Gait Evaluation		
Assess for osteomyelitis and refer for further evaluation as needed.		
Recommends appropriate treatment based upon patient assessment.		
Recommends appropriate offloading techniques based upon patient assessment.		
Provides appropriate education to patient and caregivers.		
<b>Vascular and Arterial Ulcers</b>		
Accurate identification of venous ulceration.		
Accurate identification of arterial ulceration.		
Perform lower extremity assessment.		
Palpation pulses: Posterior Tibial and Pedal pulse		
Assess for edema, temperature, color changes		
Venous Refill and Capillary Refill exam		
Pain Assessment		
*Ankle Brachial Index Exam		
Recommends appropriate treatment based upon patient assessment.		
Provides appropriate patient education and referrals.		
<b>Compression Therapy</b>		
Identifies indications and contraindications.		
*Selects and applies Unna's Boot appropriately		
*Selects and applies Multi-layered wraps appropriately		
*Selects and applies Modified compression appropriately		
*Selects and applies Compression stockings appropriately		

Student Name:	Preceptor Name:	Page 3 of 3	
Activity		Date Completed	Initials
<b>Other Wounds</b>			
Differentiates incontinence associated skin breakdown from pressure ulcers.			
Recommends appropriate treatment and interventions for incontinence associated skin			
*Assessment of stoma and peristomal skin for evidence of complications.			
*Completes assessment of surgical wound or incision line.			
*Recommends appropriate treatment and interventions for palliative wound care.			
*Recommends appropriate treatment and interventions for pediatric skin breakdown.			
<b>Skill Performance</b>			
Provides for patient comfort, safety, and privacy at all times.			
Relates classroom content to clinical setting.			
Appropriately performs according to current standard of care and institution policy:			
Wound Irrigation and cleansing			
Assessing for appropriate and adequate pressure redistribution devices			
Application of ointments and surgical dressings			
*Application of drainage collection devices			
*Application of silver nitrate for debridement			
*Application and monitoring of negative pressure wound closure devices			
*Swab cultures			
*Surgical skin prep			
*Suture removal			
*Electrical Stimulation			
*Ultrasound			
*Pulsed Wound Lavage			
<b>Documentation</b>			
Accurately documents wound assessment findings, interventions, referrals,			
Utilizes correct terminology			
Develops comprehensive wound management plan including: treatment, prevention, and			
Determines appropriate discharge plans based upon patient individual needs			
Provides informed consent according to HIPPA regulations			
<b>Interpersonal and Communication</b>			
Demonstrates active listening skills in interactions with patients and families			
Communicates pertinent assessment findings to appropriate personnel as needed			
Utilizes effective communication techniques to interact with other members of the health			
Asks for assistance or input when appropriate and accepts constructive criticism			
<b>Preceptor Signature:</b>		<b>Date:</b>	

## Clinical Narrative Evaluation

**DIRECTIONS:** Circle the category of the rating scale for each of the six items which most accurately reflects your judgment of this student's performance. "Honors" is defined as "performance that **substantially exceeds that expected from the student.**" "Marginal" is defined as "performance that, while not failing, is substantially worse than that expected of the student". Please make comments where necessary and informative. You are encouraged to comment where appropriate. Ratings of "marginal" or "fail" must be accompanied by comments to document and explain.

CLINICAL ABILITIES/PERFORMANCE/ASSESSMENT	RATING			
<b>1. KNOWLEDGE</b> Understands basic pathophysiology of disease; is knowledgeable about common problems; is able to acquire and retain facts.	Honors	Pass	Marginal	Fail
<i>Comments:</i>				
<b>2. PROBLEM SOLVING</b> Ability to assimilate information and problem-solve in a logical fashion; analyze and correlate clinical information; formulate an appropriate problem list and differential diagnosis; understand basic therapeutic plans and diagnostic strategies.	Honors	Pass	Marginal	Fail
<i>Comments:</i>				
<b>3. CLINICAL SKILLS</b> Ability to perform wound assessment; obtain appropriate clinical information from a variety of sources; recommend appropriate wound management interventions; document daily records appropriately; perform routine procedures; adapt to a variety of clinical environments.	Honors	Pass	Marginal	Fail
<i>Comments:</i>				
PERSONAL QUALITIES AND VALUES	RATING			
<b>4. INTERPERSONAL SKILLS</b> (e.g. Communication skills; cooperation; empathy; teamwork; sense of humor; care of others, etc.)	Honors	Pass	Marginal	Fail
<i>Comments:</i>				

5. PROFESSIONAL CHARACTERISTICS (e.g. Respect; honesty; duty; humility; initiative - consistent; ethical; respectful; recognizes limitations; responsible; reliable; flexible; receptive to feedback, etc.)	Honors	Pass	Marginal	Fail
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*Comments:*

6. MOTIVATION/ENTHUSIASM (e.g. Conscientious; punctual; committed; actively involved; etc.)	Honors	Pass	Marginal	Fail
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*Comments:*

**OVERALL EVALUTATION**

Comments summarizing the student's performance. This is an opportunity for you to give constructive feedback to the student, indicate here ANY concerns you have about the student's performance.

*Comments:*

<i>PRECEPTOR SIGNATURE:</i>	<i>DATE:</i>
<i>STUDENT SIGNATURE:</i>	<i>DATE:</i>

# Preceptorship Clinical Timesheet

<b>Student Name:</b>	<b>Preceptor Name:</b>		
<b>Clinical Location:</b>	<b>Start Date:</b>	<b>End Date:</b>	
<i>Directions: Student is to track time in and time out every scheduled day during clinical preceptorship. Preceptor is to initial time sheet weekly to verify hours. Submit timesheet to National Alliance of Wound Care upon completion of clinical preceptorship.</i>			

Week 1	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thurs				
Fri				
Sat				
Sun				
Preceptor Initial:			Total Hours:	

Week 2	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				
Sun				
Preceptor Initial:			Total Hours:	

Week 3	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				
Sun				
Preceptor Initial:			Total Hours:	

Week 4	Date	Time In	Time Out	Total Hours
Mon				
Tues				
Wed				
Thur				
Fri				
Sat				
Sun				
Preceptor Initial:			Total Hours:	

<i>For verification purposes - Please complete the following:</i>	
<b>Name of facility:</b>	
<b>Name of unit manager:</b>	
<b>Phone:</b>	
<i>I confirm this timesheet is an accurate account of my hours worked in the WCC Clinical preceptor rotation.</i>	
<b>STUDENT SIGNATURE:</b>	<b>DATE:</b>

<i>I confirm that I have checked the timesheet and it is an accurate account of the hours worked by the student.</i>	
<b>PRECEPTOR SIGNATURE:</b>	<b>DATE:</b>

## **Time Line Checklist Preceptor Option**

Order	Action	Completed
1	Student completes education provider course application.	
2	Student completes NAWCO Preceptor Application	
3	Preceptor submits preceptor application to NAWCO.-May not begin training until official approval completed.	
4	Student attends Provider training course prior to beginning clinical preceptorship.	
5	Student receives course completion certificate from WCEI with instructions.	
6	NAWCO sends approval to preceptor with instructions and clinical forms. <b>DO NOT BEGIN CLINICAL HOURS UNTIL YOU RECEIVE THIS LETTER AND SEND BACK THE AGREEMENT PAGE.</b>	
7	120 hours of clinical training scheduled by preceptor and student.	
	a. Student documents daily hours on timesheet.	
	b. Preceptor documents student activities on clinical log.	
8	Upon conclusion of 120 hours of clinical training.	
	a. Preceptor completes Clinical Narrative Evaluation form and reviews with student.	
	b. Preceptor submits clinical log, evaluation, and timesheet to NAWCO by Fax or mail.	
9	NAWCO reviews clinical log and hours.	
10	NAWCO sends approval to student with admission ticket for WCC exam. (Administered by Prometric)	
11	Student schedules exam with Prometric.	
12	Student takes exam and receives results immediately.	
13	NAWCO sends link to WCC certification certificates to student	
14	In 5 years student (WCC) submits recertification paperwork to NAWCO	



Employer \_\_\_\_\_

Employer Full Address \_\_\_\_\_

Employment Dates From: \_\_\_/\_\_\_/\_\_\_ to: \_\_\_/\_\_\_/\_\_\_     Current Employer?     Full Time     Part Time

Supervisor Name: \_\_\_\_\_ Supervisor Phone #: \_\_\_\_\_

**16. Agreement Authorization and Certification Information Release**

I hereby affirm that I 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)

- MINIMUM of two years full-time or four years part-time within the past five years.
- MINIMUM of four years full-time within the past five years. (Required for Experiential Option)

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 the Certificate of Certification.

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Today's Date

15. PAYMENT: CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card

Explanation of Fees:

Non-Refundable Processing Fee. ....\$30.00

Certification Fee .....\$350.00

Lapsed Late Fee (If Applicable) .....\$300.00

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

Ostomy to charge my credit card account for the amount of \$ \_\_\_\_\_ for \_\_\_\_\_

Visa                       MasterCard                       American Express (NO DISCOVER)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_ / \_\_\_\_ Security Code\* \_\_\_\_\_

\*3-digit code found on signature strip at the end of a series of numbers

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

Street \_\_\_\_\_

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

Zip \_\_\_\_\_ Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

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



**RETURN COMPLETED APPLICATION AND PAPERWORK TO:**

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