



# NWCC™

## Candidate Examination Handbook

September 2017

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 NWCC™ credential.

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

The NAWCO® offers the "Nutrition Wound Care Certified (NWCC™) Certification Examination" to measure the academic and technical competence of eligible candidates in the area of Nutritional Management beyond their basic knowledge. The NWCC™ credential is performed in accordance with legislation code and practice guidelines as determined by each respective professional state regulatory/licensing board. Therefore, NWCC™ 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 Nutrition 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](http://www.nawccb.org).

WE RECOMMEND YOU KEEP THIS CANDIDATE HANDBOOK FOR REFERENCE THROUGHOUT THE APPLICATION AND EXAMINATION PROCESS. 10/2017

## **Checklist**

- ☛ Read the Handbook cover to cover.
- ☛ Understand ALL National Alliance of Wound Care and Ostomy® policies.
- ☛ Understand the NWCC™ 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®
  - 717 Saint Joseph Dr.
  - Suite 297
  - Saint Joseph, MI 49085-2428 or fax to: 1-800-352-8339 or email: [admin@nawccb.org](mailto:admin@nawccb.org)

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## **The Need**

Proper wound care requires a team approach. The NWCC™ (Nutrition Wound Care Certified) Registered Dietitian Nutritionist is a key member who understands the practical and nutritional needs necessary to promote healing and overall health of the patient.

### **FACTS:**

- Poor nutrition can have a substantial negative effect on the ability to develop new tissue and defend against infection
- The body requires the proper combination of macro and micro nutrients during wound healing
- Accurately prescribed nutrition strategies are important in any wound care plan
- Registered dietitians are becoming a more common part of wound care and should assess all patients with pressure injuries and other skin/ wound issues.

The purpose of the certification is to demonstrate a candidate's proficiency and mastery of essential knowledge and skills in Nutritional Skin and Wound Care Management, and to measure the academic and technical competence of eligible candidates in the area of Medical Nutritional Therapy beyond their basic knowledge.

## **Objectives of NWCC Certification**

The purpose of the NWCC™ certification is to provide assurance to the public by promoting the delivery of safe and effective nutritional wound management by:

- Recognizing formally those individuals who demonstrate proficiency and mastery of knowledge, expertise, and skills in nutritional wound management above basic requirements.
- Providing a standard of knowledge required for certification based upon clinical practice, recommendations and other evidence based practice and research in nutritional impact on wound healing.
- Establishing and measuring the level of nutritional knowledge required for certification in nutrition wound management.

- Promoting personal growth in nutritional management of wounds.

## **Scope of Practice**

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

The focus of the NWCC™ is on high quality care to achieve optimum patient outcomes in nutritional management.

In order to assure appropriate and thorough wound care, a holistic comprehensive approach is utilized. All factors affecting healing, including considerations of systemic, psychosocial, and local factors are reviewed. The NWCC™ provides a dietary plan of care, patient education, and prevention measures through comprehensive assessment, referrals, and continuing evaluation of wound care patients and any related skin complications, appliance needs, and psychosocial support.

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

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

- a. Abides by state practice acts, regulations, and laws established within the state/states of licensure/certification, and facility or agency-based credentialing and privileging requirements to recommend nutritional interventions, tests and treatments, and make necessary referrals.
- b. Independently or in collaboration with the physician comprehensively assesses and establishes nutritional status, prognosis, and nutritional wound care interventions.
- 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. Independently, or in collaboration with other interdisciplinary wound care team members, develops and implements wound prevention, skin management, and nutritional wound intervention programs and provides corresponding education to patients, family members/caregivers, and facility/agency staff.
- e. 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 through nutritional support.
- f. Collaborates with other wound care team members to promote the facility or agency quality improvement program.

## **Eligibility Requirements**

The NWCC™ certification is designed and intended solely for a Registered Dietitian, Registered Dietitian Nutritionist. Applicants for the NAWCO® NWCC™ certification must meet all of the following criteria:

1. Currently registered as a Registered Dietitian (RD), Registered Dietitian Nutritionist (RDN) by the Commission of Dietetic Registration
2. Have practiced the equivalent of one (1) year full-time or two (2) years part time in the past five (5) years as a Registered Dietitian Nutritionist
3. Successful completion of the NAWCO® approved “Skin and Wound Management Course
4. Completion of application and required supporting documentation.
5. Payment of required fees.
6. Receive passing score on the NAWCO® NWCC™ Examination.

## **Approved NAWCO® Skin and Wound Management Certification Training Course**

Wound Care Education Institute®

877-462-9234

www.wcei.net

WCEI® offers the Skin and Wound Management Certification Training Course in multiple dates and at various locations all around the United States. For detailed listings and application, visit [www.wcei.net](http://www.wcei.net).

## **Credentials**

Upon successful completion of the Certification examination, candidates may use the initials NWCC™, Nutrition 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, an NWCC™ is required to recertify with the NAWCO® to maintain their credentials.

“NWCC™” is the official certification mark of the Nutrition Wound Care Certified sponsored by the National Alliance of Wound Care and Ostomy®.

## **Credential Verification**

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 NWCC™ using the credential verification search feature located at [nawccb.org](http://nawccb.org).

## **Certificate of Certification**

The NAWCO® will award an official numbered certificate to all candidates upon passing the NAWCO® certification examination, denoting status as NWCC™, Nutrition Wound Care Certified. The Certificate will be electronically downloadable and printable on the Member’s-only section of the NAWCO® website.

## **Application Process**

**Initial (First Time) NWCC™ Certification Application.** The NWCC™ Certification Examination application is located in the this booklet and online at [nawccb.org](http://nawccb.org).

1. Complete the NAWCO® NWCC™ examination application either online or via paper.
2. If you are attending the “Skin & Wound Management Training Course” provided by the Wound Care Education Institute® (WCEI®), you will need to register separately with [WCEI®](http://WCEI®).

3. Once you successfully complete the WCEI® course, you have two (2) years from the date of course completion or a total of four (4) examination attempts in which to pass the examination, whichever comes first. For further information on retesting, see our Retesting Policy on page 8.

4. Submit all of the above along with \$330 to:

National Alliance of Wound Care and Ostomy®  
717 Saint Joseph Dr. Suite 297  
Saint Joseph, MI 49085-2428  
Or fax to: 1-800-352-8339  
Or email: [admin@nawccb.org](mailto:admin@nawccb.org)

### Application Key Points

- Application forms should be submitted at least one month prior to requested examination date.
- Upon receipt of the completed application the certification office will review the information and determine the applicant's eligibility to sit for the examination.
- An application is considered complete only if all information requested is complete, legible and accurate.
- Within approximately 1-2 weeks of receipt of the Certification Examination application, a confirmation notice of eligibility with a unique authorization number will be sent to the candidate via email.
- 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®.

### Examination Administration

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

A passing score of 85% is required to become certified.

Paper and pencil administration of this examination will be offered on site at the NWCC® Certification Training courses offered by Wound Care Education Institute®. For locations and information, visit [www.wcei.net](http://www.wcei.net).

The NWCC™ examination is administered at computer based testing facilities managed by PSI Services, LLC. PSI has testing sites in the United States and other countries. A listing of available testing centers with detailed maps may be viewed at <http://cert.psiexams.com/locateall.html>

### Approved Fees

#### Processing Fee\*

Non-refundable with each application submission \$ 30.00

#### Examination Fee

Initial Certification	\$300.00
Recertification	\$300.00
Re-examination	\$300.00

All certification and examination fees are 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 weeks

\*Processing fee is non-refundable.

### 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 retake 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 two (2) weeks of their exam date. Exam results are kept on file for five years.

## **Review of Examinations**

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

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

## 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.

## Retesting Policy

Candidates who take the Nutrition Wound Care Certification Examination and are unsuccessful will receive instructions and a re-examination application by email from the National Alliance of Wound Care and Ostomy®.

Unsuccessful candidates can retake the examination for a total of three (3) additional re-examination attempts within two (2) years of attending the WCEI® course. After four (4) attempts, you are required to wait for a period of one (1) year prior to taking the exam again.

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

## Re-examination

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](http://www.nawccb.org)
3. Each re-examination application submitted must be accompanied by the \$330 fee.
4. Re-examination application forms should be submitted at least one month prior to requested examination date.
5. Submit all of the above along with \$330 to:  
National Alliance of Wound Care and Ostomy®  
717 Saint Joseph Dr. Suite 297  
Saint Joseph, MI 49085-2428  
Or fax to: 1-800-352-8339

Or email: [admin@nawccb.org](mailto:admin@nawccb.org)

## 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](http://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 email 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:
  - Present a current US Government issued photo ID that includes your current name exactly as it is listed on your examination authorization.
  - Acceptable IDs include: driver's license, valid passport, military ID card with photo, state issued photo ID. (Unacceptable ID's include employment ID, student ID, etc.)

## Accommodation Procedures

An applicant may request special accommodation directly through NAWCO. Please refer to the NAWCO® Candidate Handbook for Information.

## 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. A practice test demonstration may also be accessed

prior to the examination at the PSI® website: [www.psiexams.com](http://www.psiexams.com).

## Timed Examination

Following the practice test, you will begin the actual examination. Before beginning, instructions for taking the examination are provided on-screen. Two (2) hours are allotted to complete the examination.

## Examination Results

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

Successful candidates may begin using the "NWCC™" credential immediately and will be able to print their NWCC™ Certification Certificate, wallet ID card and congratulations letter within two (2) weeks of the examination date. No candidate exam results will be given by telephone or facsimile for any reason. Exam results are released ONLY to the candidate at the testing center. Exam results are kept on file for five (5) years.

## Paper & Pencil Examination 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 location, you MUST present a US Government issued photo ID that matches the name on the approval.

Acceptable ID's include: driver's license, valid passport, military ID card with photo, state issued photo ID. (Unacceptable forms are employment ID, student ID, etc.) ID must be current and include candidate's current name and address.

### Reporting Time

The time, date and location of the paper and pencil examination are printed on the candidate's

approved course confirmation. All candidates should report to testing location at the reporting time for registration and check-in. Two (2) hours are allotted for candidates to complete the examination.

Candidates may wear a watch to help pace themselves if they so desire. Latecomers may be admitted to the examination at the discretion of the test location supervisor, as long as the test has not been started, but candidates will not be permitted to work beyond the time scheduled for completion of the examination.

## **Answer Sheets**

Candidates will be required to enter examination answers onto a Scantron® answer form. Care should be taken to complete this form accurately to assure prompt reporting of test results. Fill in each 'bubble' completely and neatly. Answers that are not dark enough or that do not fill the circle completely may not scan properly. Erasures should be complete.

The Scantron answer form requires the use of a #2 pencil (provided at test site). Corresponding answers to examination questions are to be indicated on the answer form. No credit will be awarded for answers marked in the test book.

## **Examination Results**

Examination results are sent via email within 7-10 business days of exam date. When taking the pencil and paper exam, the 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 provided.

## **Remote Proctoring Test**

### **Procedures**

**COMING SOON**

## **Revocation of Certification**

NAWCO® may revoke individual NWCC™

Certification upon the occurrence of any one or more of the following events:

1. Applicant fails to adhere to the NAWCO® code of ethics. (<https://www.nawccb.org/code-of-ethics>).
2. Any Government agency, licensing board or court finds that any services as provided by NWCC™ 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 NWCC™.
4. Applicant fails to meet recertification criteria prior to expiration date of their NWCC™ 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 NWCC™ 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](mailto: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 NWCC™ is required to recertify with the NAWCO® to maintain their credentials. A NWCC™ may recertify by examination, training, or by continuing education.

Details of the options will be emailed to candidates within one year of expiration of credential. They may also be accessed at the NAWCO® website: [www.nawccb.org](http://www.nawccb.org). Please keep your email address updated with NAWCO® at all times.

## **Reinstatement of Lapsed Credentials**

Reinstatement of lapsed credentials is not the same process as recertification. Requirements for reinstatement of lapsed NWCC™ credentials **WITHIN TWO (2) YEARS OF EXPIRATION**, include all of the following criteria:

1. Currently registered as a Registered Dietitian (RD), Registered Dietitian Nutritionist (RDN) by the Commission of Dietetic Registration
2. Have practiced the equivalent of one (1) year full-time or two (2) years part time in the past five (5) years as a Registered Dietitian Nutritionist
3. Previous NWCC Certification that has lapsed within the past two (2) years.
4. One of the following:
  - Successful completion of the NAWCO® approved "Skin and Wound Management Course"

- 60 Contact Hours of continuing Education within the past five (5) years
- Successful completion of the NWCC™ certification examination with a passing score.

5. Completion of application and required supporting documentation
6. Payment of required fees. \$330.00 for certification and \$300.00 reinstatement fee.

A NWCC™ that successfully meets the requirements of the option chosen, within 2 years of the credential lapsing, will retain their original certification number.

A NWCC™ that does not successfully meet the requirements or pass the exam 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**:
  - a. Choose one of the three options provided.
  - b. If you have chosen to take the examination, you will have four (4) attempts within the two (2) year period to successfully pass the examination.
  - c. Unsuccessful: After two years or four attempts, you will no longer be able to reinstate your lapsed credential.
  - d. 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. 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.
  - b. 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.

## **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.

"Clinical Guide to Wound Care" by Cathy Thomas Hess, Seventh Edition, Lippincott Williams & Wilkins Publishers. 2012.

"Acute and Chronic Wounds: Current Management Concepts" Fifth Edition by Ruth A Bryant and Denise P Nix, Mosby, Inc. Publisher, 2015.

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

"Wound Care: A Collaborative Practice Manual for Health Professionals" Fourth Edition by Carrie Sussman, Barbara Bates Jensen, Publisher: Lippincott, Williams, & Wilkins, 2012.

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

## **Content of Examination**

The Nutrition Wound Care Certification Examination is an objective, multiple-choice test consisting of up to 100 questions and is available in a computerized format or paper & pencil format with a total testing time of two (2) hours.

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 nutritional 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.

## **Examination Content Outline**

1. Structural functions of the normal skin.  
Anatomy and physiology. 5%
2. Identification and management of risk factors impacting skin integrity. Influences of intrinsic (e.g., age, BMI, bio-burden, co-morbidities, allergies, infection, non-adherence, nutrition/hydration, mobility, cultural beliefs, blood flow, tissue perfusion, necrotic tissue, cognitive impairment, allergies and/or adverse reaction to treatment modalities) and extrinsic ((e.g., infection, medications, pressure, mechanical insult, exposure to moisture, smoking, stress, radiation, cytotoxic solutions, bio-burden, foreign body). factors. 5%
3. Identify the normal wound healing process. Principles of wound healing - Partial-Full Thickness healing. Types of wound closure, moist wound healing. Systemic factors the influence wound healing. (Intrinsic and Extrinsic). Identification of Risk Management strategies. 15%
4. Patient Assessment, data collection, and analysis. Review, investigate, and document the patient's history. Read and interpret lab studies (e.g., blood sugar, prealbumin, albumin, complete blood count, zinc level, coagulation

studies, hemoglobin A1C, transferrin) and indicate situations in which these tests should be recommended and/or addressed. Identify circumstances indicating need for interdisciplinary consults. Evaluate patient's physical, mental, and psychosocial status. 15%

5. Wound etiology & description: Identify and differentiate between wound types (e.g., acute vs. chronic, partial thickness vs. full thickness). Identify and differentiate between wound classifications (e.g. Pressure, Vascular, Traumatic, Surgical, Burns). 10%

6. Treatment administration and management  
Considering wound type, overall patient status, and cost, identify the most appropriate type of treatment, nutritional intervention, positioning devices, wound bed preparation, and adjunctive therapy 10%

- Nutritional wound management: Evaluate the patient's current nutritional status including, but not limited to, intake pattern, BMI, and physical constraints limiting the patient's ability to receive nutrition (e.g., inability to use utensils, impaired or unable to swallow, inability to chew solid food). Lab review (e.g. prealbumin, albumin, transferrin). Medical Nutrition Therapy, Role of collagen, protein, amino acids. Necessity of appropriate calories, fluid, fats, and carbohydrates in wound healing. Vitamins, minerals, micro and macronutrients. Hydration and nutritional guidelines Lean body mass, nutritional assessment, ONS, appetite stimulation medications. 30%
- Education & training: Identify and address educational needs of the patient, healthcare team members, and/or family/support network. Educate the patient and family/support network of the benefits of adherence to the treatment plan and the risk of non-adherence. Identify and address critical elements of a discharge/transitional plan for patient and family. 5%
- Legal, ethics & policy: Demonstrate an understanding of the legal aspects of wound care (e.g., corporate compliance, Stark Act, documentation, malpractice, negligence, assault, abuse, neglect, scope of practice, harassment, facility protocols and procedures, consent (e.g., participation in a research

project, dissemination of information/findings, photograph wound(s), treat wound(s), debridement of wound(s)), HIPAA, abandonment). Demonstrate an understanding of the ethical aspects of wound care Provide documentation throughout the process that complies with legal and institutional requirements and expectations for clear, concise, legible, and consistent documentation. 5%

## **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. Which water soluble vitamin is necessary for the hydroxylation of proline to hydroxyproline?
  - a. Vitamin C
  - b. Vitamin A
  - c. Vitamin K
  - d. Vitamin D

5. Which of the following statements is true regarding an obese wound care patient?
- a. Turning and positioning are not required because of the additional adipose
  - b. Obese patients do not experience malnutrition
  - c. The risk for pressure injury development is lessened by the increased amount of adipose
  - d. Obese patients are at higher risk of breakdown because adipose tissue is poorly vascularized.

6. A nutritional screening should only occur:
- a. On visibly thin patients
  - b. On all patients
  - c. On patients who have a great deal of adipose
  - d. On patients who have infections

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. A loss of lean body mass (LBM) can result in which of the following?
- i. Improved wound healing
  - j. Increased pre albumin levels
  - k. Anabolism
  - l. Delayed wound healing

9. A pressure injury covered with slough or eschar that prevents visualization of the wound's deepest viable layer is what stage?
- a. Stage 4
  - b. Stage 3
  - c. Unstageable
  - d. Deep Tissue Pressure Injury

10. You suspect your diabetic patient is non adherent to the dietitian recommended diet. Which lab tests would help confirm this?
- a. Hgb A1c
  - b. CBC
  - c. PT/INR
  - d. ESR

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

## NWCC Certification Pathway at a Glance



### Pathway

#### #1 Eligible Licenses

Currently registered as a Registered Dietitian Nutritionist by the Commission on Dietetic Registration



#### #2 Experience\* (In past 5 years)

Have practiced the equivalent of at least one (1) year full-time or two (2) years part -time as a Registered Dietitian Nutritionist



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

#### #3 Additional Requirements

Successful completion of NAWCO® Approved Skin and Wound Management Course



Completion of application and required supporting documentation



Full payment of required fees



Passing score on NWCC™ Certification exam



*More detailed information is available in the NWCC™ Candidate Exam Handbook.*

NWCC cert 8-2017

## NWCC Recertification Pathways at a Glance



Requirements	Necessary for all Applicants
Current License as RD/RDN	✓
Current NWCC™ credential ( <i>Not lapsed</i> )	✓
Full payment of required fees NAWCO® recertification fee \$330 (NAWCO® recertification fee \$330, additional course fee applies to Recertification by Training option)	✓
Submission of recertification application	✓

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

NWCC recert 9-2017

## NWCC Lapsed Credentials Options at a Glance

 <b>NWCC Lapsed Certification</b>	<b>Options</b>		
#1 Eligibility	Training	Exam	Experiential
NWCC™ Lapsed Certification less than 2 years after expiration date	✓	✓	✓
Current License as RD/RDN	✓	✓	✓
#2 Experience*: In the past 5 years	Training	Exam	Experiential
At least 1 year full-time or 2 years part-time as RD/RDN	✓	✓	✓
*EXPERIENCE: (Full-time is considered 40 hours per week. Part-time is considered 20-39 hours per week.)			
#3 Requirements	Training	Exam	Experiential
Successful completion of NAWCO® Approved Skin and Wound Management Refresher Course	✓		
Passing score on NWCC™ Certification exam		✓	
60 contact hours of approved continuing education in skin and wound care			✓
Additional Requirements	Necessary for all Applicants		
Completion of reinstatement application and required supporting documentation	✓		
Full payment of required fees	✓		
#4 Choose your Option	Training	Exam	Experiential
Select the option to reinstate your lapsed NWCC™ Certification	Training Option	Exam Option	Experiential Option
Final Rule on Lapsed Credential:			
If the expiration of the credential has expired beyond two (2) years, certificant will be processed as a new candidate and all eligibility criteria must be met including a passing score on the certification exam			

NWCC Lapsed cert Rev 1 9-2017

# **NWCC 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 NWCC™ professional Wound Care Certified certification credentials. Successful participants in this program may become authorized to use the NWCC™ 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 NWCC™ 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 NWCC™ Credential.

## **Certification**

Applicant’s certification credential is based on Applicant’s successful completion of the required testing and Applicant’s compliance with this Agreement and the requirements described in the corresponding NAWCO® trademark guidelines, the terms of which are incorporated herein by reference and which may be changed from time to time by NAWCO® in its sole discretion. Applicant acknowledges that NAWCO® has the right to change at any time the requirements for obtaining or maintaining any certification and/or to discontinue any certification is NAWCO®’s sole discretion. Once certification is granted, Applicant may maintain Applicant’s certification by completing, within the time frame specified by NAWCO®, all continuing certification requirements, if any, that correspond with Applicant’s NWCC™ 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 NWCC™ 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 NWCC™ 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 NWCC™ 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 NWCC™ unless Applicant has completed the certification requirements for the NWCC™ certification credential and has been notified by NAWCO® in writing that Applicant has achieved certification status of NWCC™. 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.

# NWCC Initial Examination Application

ANY MISSING OR INCOMPLETE INFORMATION MAY CAUSE DELAY IN PROCESSING - PLEASE PRINT LEGIBLY (7/2017)

<b>1. PRINT NAME</b> (as it appears on your professional license)			
Last: _____		First: _____ MI: _____	
<b>2. MAILING ADDRESS</b> Street: _____			<b>3. DATE OF BIRTH</b> _____/_____/____
City: _____		State/Province: _____	Country: _____ Zip/Postal Code: _____
Daytime Telephone: _____ ( ) _____		Evening Telephone: _____ ( ) _____ Email: Required for Confirmation	
<b>4. PROFESSIONAL TITLE</b> (Check and complete all that apply) <input type="checkbox"/> RD <input type="checkbox"/> RDN License Number(s): _____ State: _____ ORIGINAL Issue Date: _____ Expiration Date: _____		<b>5. EDUCATION:</b> <input type="checkbox"/> BS <input type="checkbox"/> Doctoral <input type="checkbox"/> BA <input type="checkbox"/> Other _____ <input type="checkbox"/> Masters Field of Study: _____	
<b>6. PRIMARY PLACE OF EMPLOYMENT</b> <input type="checkbox"/> Hospital <input type="checkbox"/> Outpatient <input type="checkbox"/> Long Term Care <input type="checkbox"/> Education <input type="checkbox"/> Home Care <input type="checkbox"/> Administration <input type="checkbox"/> Consultant <input type="checkbox"/> Sales <input type="checkbox"/> Other _____		<b>7. ADA ACCOMMODATION</b> <input type="checkbox"/> YES Special arrangements will be necessary for me to complete the examination. (If yes, contact NAWCO® for instructions.)	
<b>8. COURSE TYPE:</b> (Check which one applies. If choosing onsite please enter course location and dates) <input type="checkbox"/> Online <input type="checkbox"/> Onsite: Course Location: _____ Course Dates: _____			
<b>9. EXAMINATION TYPE</b> <input type="checkbox"/> On Site at WCEI® Skin & Wound Management Course <input type="checkbox"/> Computerized Version at PSI Testing Centers <input type="checkbox"/> Remote Proctored (Not Available At This Time)		<b>10. APPLICATION EXAMINATION FEES</b> Non-refundable processing fee. . . . . \$30 Examination Fees . . . . . \$300.00 TOTAL AMOUNT: _____	
<b>11. WORK EXPERIENCE VERIFICATION:</b> Complete the following sections to document required work experience. Must have practiced the equivalent of one (1) year full-time or two (2) years part time in the past five (5) years as a Registered Dietitian/Registered Dietitian Nutritionist			
Employer _____ Employer Full Address _____ Employment Dates From: ____/____/____ to: ____/____/____ <input type="checkbox"/> Current Employer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Supervisor Name: _____ You must Specify Full or Part Time Supervisor Phone Number: _____ Supervisor Email: _____			
Employer _____ Employer Full Address _____ Employment Dates From: ____/____/____ to: ____/____/____ <input type="checkbox"/> Current Employer? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Supervisor Name: _____ You must Specify Full or Part Time Supervisor Phone Number: _____ Supervisor Email: _____			

## 12. AUTHORIZATION AND CERTIFICATION INFORMATION RELEASE

I hereby affirm that I am an \_\_\_\_\_ (license/registration type) currently recognized to practice in the state of \_\_\_\_\_.

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

I authorize the National Alliance of Wound Care and Ostomy® to make whatever inquiries and investigations that it deems necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy® 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® NWCC™ Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® NWCC™ 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 NWCC™ 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 NWCC™ 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® NWCC™ 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 signature  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## 13. PAYMENT: CREDIT CARD AUTHORIZATION: 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 the fee of \$300.00 plus Application fee of \$30.00.  
(Name exactly as it appears on card)

☐ Visa ☐ MasterCard ☐ American Express (NO DISCOVER)

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

\_\_\_\_\_  
numbers

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

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

Street \_\_\_\_\_

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

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

## **Request for Special Examination Accommodations**

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

### **Applicant Information**

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Last Name	First Name	Middle Name
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Address

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City	State	Zip Code
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Daytime Telephone	Fax	Email
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### **Special Accommodations**

I request special accommodations for the \_\_\_\_\_ / \_\_\_\_\_ administration of the NAWCO® NWCC™ 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)

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Comments: \_\_\_\_\_

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with your examination application to:

National Alliance of Wound Care and Ostomy®  
717 Saint Joseph Dr.  
Suite 297  
Saint Joseph, MI 49085-2428  
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:

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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®  
717 Saint Joseph Dr.  
Suite 297  
Saint Joseph, MI 49085-2428  
Or fax to: 1-800-352-8339  
Or email: [admin@nawccb.org](mailto:admin@nawccb.org)

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

Name \_\_\_\_\_

First Last MI

National Alliance of Wound Care and Ostomy® NWCC™ Candidate Examination Handbook © 2017

# NAWCO® Re-Examination Application



This application is to be used when you are applying to retake the examination.

<b>1. PRINT NAME:</b> (As listed on your Professional License) ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RE-EXAM <small>LAST: FIRST: MIDDLE:</small>		
<b>2. MAILING ADDRESS:</b> (Street, City, State & Zip Code)		
<b>3. DAYTIME TELEPHONE #:</b>	<b>EVENING TELEPHONE #:</b>	<b>E-MAIL:</b>
<b>4. SELECT CREDENTIAL FOR RE-EXAM:</b> <input type="checkbox"/> WCC <input type="checkbox"/> DWC <input type="checkbox"/> LLE <input type="checkbox"/> OMS <input type="checkbox"/> NWCC		
<b>5. PROFESSIONAL LICENSES:</b> (Check all that apply): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> LPN/LVN    <input type="checkbox"/> RN    <input type="checkbox"/> NP    <input type="checkbox"/> APN  <input type="checkbox"/> PA    <input type="checkbox"/> RD    <input type="checkbox"/> RDN    <input type="checkbox"/> LMNT    <input type="checkbox"/> DO  <input type="checkbox"/> PT/PTA    <input type="checkbox"/> OT/OTA    <input type="checkbox"/> MD    <input type="checkbox"/> DPM                 </div> <div>                     License Number: _____ Issuing State(s): _____  <b>ORIGINAL</b> Issue Date: _____                      Expiration Date: _____                 </div> </div>		
<b>6. ADA ACCOMMODATION:</b> <input type="checkbox"/> Please contact me	<b>7. APPLICATION EXAMINATION FEES:</b> <div style="text-align: right;">                         Non-Refundable Processing Fee - \$30                          Computerized Examination Fee - \$300  <b>TOTAL AMOUNT:</b> _____                     </div> Make Checks/Money Orders payable in US dollars to National Alliance of Wound Care	
<b>9. CERTIFICATION INFORMATION RELEASE (Directory Listing Inclusion) and AGREEMENT AUTHORIZATION</b> <p>I hereby authorize the National Alliance of Wound Care and Ostomy® its licensees, successors, and assigns (collectively NAWCO®) the right to publish and release my name, past and present certification status, and state/province (collectively "Certification Information") under the NAWCO Certification Directory in print and electronic versions of a worldwide directory of NAWCO Certified Practitioners.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I have read and understand all the information provided in the NAWCO Candidate Handbook. I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential. I agree to make claims regarding certification only with respect to the scope for which the certification has been granted. I agree to discontinue use of the credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. I further swear to notify the NAWCO in writing within 10 business days if I learn I am no longer eligible to hold the credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license. In the event of non-renewal or revocation of the credential, I agree to return the Certificate of Certification via postal mail to the NAWCO address listed on the website at <a href="http://www.nawccb.org">www.nawccb.org</a>. 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 as set forth in the NAWCO Candidate Handbook and all conditions included in the NAWCO® Candidate agreement.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Applicant Signature _____</div> <div>Date: _____</div> </div>		

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

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

Ostomy to charge my credit card account for the amount of the fee of \$300.00 plus Application fee of \$30.00.

☐ Visa                      ☐ MasterCard                      ☐ American Express (NO DISCOVER)

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

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

Street \_\_\_\_\_

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

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



RETURN COMPLETED APPLICATION WITH FEES TO:

National Alliance of Wound Care and Ostomy®  
717 Saint Joseph Dr.  
Suite 297  
Saint Joseph, MI 49085-2428  
Or fax to: 1-800-352-8339  
Or email: [admin@nawccb.org](mailto:admin@nawccb.org)