

WORK EXPERIENCE VERIFICATION

Candidate Name (Please Print)

A. All candidates complete the following section(s) to document required wound care related work experience. Any missing or incomplete information will cause delay in processing. (You may make copies of this page as needed to document required work experience.)

IMPORTANT NOTE: Although supervisor signature is not required except as indicated in (b) below, NAWCO reserves the right to audit your form, and if misrepresentation is discovered, may deny eligibility OR revoke credential if discovered after certification.

Employer _____ Employer Full Address _____ Employment Dates From: ____ / ____ / ____ to: ____ / ____ / ____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Supervisor Information: Name: _____ Email: _____ Phone Number: _____
Employer _____ Employer Full Address _____ Employment Dates From: ____ / ____ / ____ to: ____ / ____ / ____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time Supervisor Information: Name: _____ Email: _____ Phone Number: _____
B. EXPERIENTIAL OPTION: CANDIDATES ONLY: SUPERVISOR VERIFICATION REQUIRED <u>The following must be completed by the applicants supervisor</u> <input type="checkbox"/> I verify that the candidate named above was actively involved in the treatment of wound care patients, or in management, education or research directly related to wound care, while actively licensed, for a MINIMUM of four years full-time within the past five years. Supervisor Signature: _____ Date: _____ Supervisor Name: (Print) _____ Supervisor Email (Required): _____ Phone #: _____