

WCEI® Reexamination Application



National Alliance of Wound Care
and Ostomy®

1. **PRINT NAME:** (As listed on your Professional License) **ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RE-EXAM**
LAST: _____ FIRST: _____ MIDDLE: _____

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

3. **DAYTIME TELEPHONE #**

5. Email: _____ 6. ADA Please contact me

7. **SELECT CREDENTIAL FOR RE-EXAM:** CWCMS

8. **APPLICATION-CERTIFICATION FEES :**
 Non-Refundable Processing Fee. & Examination Fee \$380.00

9. **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 \$350.00 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: _____

10. **CERTIFICATION INFORMATION RELEASE (Directory Listing Inclusion) and AGREEMENT AUTHORIZATION**

I authorize the Wound Care Education Institute (WCEI®) 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 understand WCEI® will publish my name, city, state, past and present certification status under the WCEI® CWCMS™ Certification Directory, in print and electronic versions of a worldwide directory. I release the WCEI®, its subsidiaries and affiliates and their employees, representatives, 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 understand and agree that if I am granted CWCMS™ certification, it will be my responsibility to remain in compliance with all WCEI® rules, standards, policies, and procedures, including but not limited to the CWCMS™ Code of Ethics and the CWCMS™ Certification Handbook.

By signing this Authorization I acknowledge that I have read, understood and agree to the rules, policies, and the CWCMS™ Certification Program Candidate Agreement located in the CWCMS™ Certification Handbook including and without limitation to Indemnification by Applicant and Disclaimer of Warranties; Limitation of Liabilities provisions. I certify that all information contained in this application is true and complete to the best of my knowledge.

I understand that any willful misrepresentation, false statement, or omission by me in the application will be cause for rejection of my application or loss of my credential. I authorize investigation of all statements made on this application. I release all persons, companies, and organizations from liability for providing or receiving such information.

Applicant Signature _____ Date: _____