

# NAWCO® Reexamination Application



<b>1. PRINT NAME:</b> (As listed on your Professional License) <b>ALL ITEMS MUST BE COMPLETED TO BE ELIGIBLE FOR RE-EXAM</b> <small>LAST: _____ FIRST: _____ MIDDLE: _____</small>	
<b>2. MAILING ADDRESS:</b> (Street, City, State & Zip Code)	
<b>3. DAYTIME TELEPHONE #</b> _____	<b>4. E-MAIL:</b> _____
<b>5. 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>6. <input type="checkbox"/> ADA</b> Please contact me
<b>7. PROFESSIONAL TITLE (LPN, RN, PT, etc) License Type:</b> _____ <b>License#(s):</b> _____ State: _____ <b>ORIGINAL Issue Date:</b> _____ <b>Expiration Date:</b> _____	<b>8. APPLICATION-CERTIFICATION FEES:</b> <input checked="" type="checkbox"/> <b>Non-Refundable Processing Fee &amp; Examination Fee..... \$380.00</b>
<b>9. RETEST #: (Indicate attempt #)</b> <input type="checkbox"/> 1st Retest* <input type="checkbox"/> 2nd Retest* <input type="checkbox"/> 3rd Retest* *There is no waiting period for the 1st retest attempt. There is a 30 day waiting period before the 2nd and 3rd attempt to retest.	
<b>10. CREDIT CARD AUTHORIZATION FORM: Complete this section ONLY if paying by Credit Card</b>  I, _____, hereby authorize the National Alliance of Wound Care and <small>(Name exactly as it appears on card)</small> Ostomy to charge my credit card account for the amount of \$ _____ for _____.  <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express (NO DISCOVER)  Credit Card Number _____ Expiration Date ____/____ Security Code* _____ <small>*3-digit code found on signature strip at the end of a series of numbers</small> Credit Card Billing Address: (Address where cardholder receives bill) Street _____ City _____ State: _____ Zip: _____ Email: _____ Telephone: _____  Cardholder Signature: _____ Date: _____	
<b>11. CERTIFICATION INFORMATION RELEASE (Directory Listing Inclusion) and AGREEMENT AUTHORIZATION</b> I hereby authorize the National Alliance of Wound Care and Ostomy® its licensees, successors, and assigns (collectively NAWCO®) right to publish and release my name, past and present certification status, and state/province (collectively "Certification Information") under the NAWCO® Certification Directory in print and electronic versions of a worldwide directory of NAWCO® Certified Practitioners. I release the NAWCO® its subsidiaries and affiliates and their employees, successors, and assigns from any claims of damages for libel, slander, invasion of rights of privacy or publicity, and any other claim based on the publication or release of any Certification Information as specified in this Certification Information Release. I further affirm that I am currently licensed to practice as a(n) _____ in the state of _____. I further affirm that no licensing authority has current disciplinary action pending against my license to practice in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction. I authorize the National Alliance of Wound Care and Ostomy® to make whatever inquiries and investigations deemed necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy® to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted.  I have read and understand all the information provided in the NAWCO® Candidate Handbook. I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential. I agree to make claims regarding certification only with respect to the scope for which the certification has been granted. I agree to discontinue use of the credential and promotion of the certification immediately upon expiration, suspension or withdrawal of certification. I further swear to notify the NAWCO® in writing within 10 business days if I learn I am no longer eligible to hold the credential, such as in the event of suspension, placement of restrictions upon or revocation of the primary professional license.  By signing this agreement, I hereby swear and attest to all the contents of the Candidate Agreement/Statement of Understanding contained within the Candidate Handbook. I further agree to abide by the policies and procedures and the NAWCO® Code of Ethics as set forth in the NAWCO® Candidate Handbook and all conditions included in the NAWCO® Candidate agreement.  Applicant Signature _____ Date: _____	