
Application
for
NATIONAL BOARD
CERTIFICATION EXAMINATION
for
WOUND CARE
ASSOCIATES

Certified Wound Care Associate™ Examination

Name

Testing period

Social Security Number

Mail to:



American Academy of Wound Management ■ Board Certification in Wound Management
1155 15th Street, NW, Suite 500 ■ Washington, DC 20005
Tel: 202 457-8408 ■ Fax: 202 530-0659 ■ E-mail: jmargeson@aawm.org ■ Website: www.aawm.org

Submission Checklist

Include each of the following items in your application packet. After all documents have been collected, initial each item and include this form with your materials.

Incomplete application packets will be returned, delaying your application.

- _____ Initials

1. Completed **Application** form with all fields filled in, including biographical information and social security number.
- _____ Initials

2. Professional **resume** or **curriculum vitae**.
- _____ Initials

3. Detailed **description of 3 years** of clinical wound care experience and direct patient care.
- _____ Initials

4. Copies of **professional licenses** and board certifications (if applicable).
- _____ Initials

5. **Official transcript** from the educational institution of the highest degree, sealed, in its original envelope.
- _____ Initials

6. Three **letters from professional references** sealed in original envelopes. Letters should discuss wound care knowledge, skills and expertise, and must document the required years of experience. (Request for Letter of Reference form available at www.aawm.org.)
- _____ Initials

7. Confirm that you have read the **AAWM Code of Ethics**, and sign the statement on the Application form affirming that you will adhere to the code.
- _____ Initials

8. **Testing Center Application**, completed in pencil. (Available at www.aawm.org.)
- _____ Initials

9. **Payment** of the required fee(s). (Available at www.aawm.org.)
- _____ Initials

10. Completed **Application Submission Checklist**, this form, initialed next to each required item.

continued

1. Name _____ Maiden Name _____
(This is to speed the application process and is for the purpose of verifying college transcripts, licenses, etc.)

2. Organization or employer/affiliation _____

3. Permanent mailing address _____

City _____ State _____ Zip _____

4. Phone/Office _____ Phone/Home _____

5. Fax _____ E-mail _____

6. Professional title or position _____

7. Discipline or specialty _____

8. Professional work experience beginning with the most recent (please attach a copy of your resume/curriculum vitae)

Dates: From _____ to _____ Employer _____

Address _____

Dates: From _____ to _____ Employer _____

Address _____

Dates: From _____ to _____ Employer _____

Address _____

9. Current License (attach a copy of each):

License Type _____ License # _____ State _____ Expiration Date _____

License Type _____ License # _____ State _____ Expiration Date _____

License Type _____ License # _____ State _____ Expiration Date _____

continued

10. Are you Board certified by another organization? Yes No

If yes, list certifications below and attach a copy of each certificate.

11. Please answer the following:

a. Have you ever had a professional license suspended, revoked, or voluntarily relinquished? Yes No
If yes, please send an explanation.

b. Have you ever been convicted, or are you now under charges for any felony or ethical violation? Yes No
If yes, please send an explanation and, if appropriate, send final decree.

12. Professional memberships:

13. Please request and include with your application, an official transcript from the educational institution of your highest degree, sealed, in its original envelope.

14. Please have three professional references include with your application. The letters should discuss your wound care knowledge, skills, and expertise, and **must document the required** years of experience. Please list your references in the space below:

Name _____ Telephone _____

Name _____ Telephone _____

Name _____ Telephone _____

15. From time to time, the AAWM will provide its mailing list or e-mail list to organizations and services we find our candidates are interested in receiving more information about. If you do NOT want to receive this type of information in the future, please check this box. No

continued

Name: _____
Please Print

I hereby apply to the American Academy of Wound Management (the “AAWM”) for examination and issuance to me of certification as a Certified Wound Care Associate™ (“CWCA™”) in accordance with and subject to the procedures and regulations of the AAWM. I have read and agree to the conditions set forth in the AAWM’s *Handbook for Candidates* covering eligibility, the administration of the Certification Examination; the certification process; and AAWM’s rules and policies. I agree to disqualification from examination; to denial, suspension, or revocation of certification; and to forfeiture and redelivery of any certificate or other credential granted me by the AAWM in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations governing such examination.

I authorize the AAWM to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing. I understand that this application and any information or material received or generated by the AAWM in connection with my examination and/or certification will be kept confidential and will not be released unless I have authorized such release or such release is required by law. However, the fact that I am or am not, or have or have not been, certified is a matter of public record and may be disclosed. Finally, I allow the AAWM to use information from my application and subsequent examination for the purpose of statistical analysis, provided that my personal identification with that information has been deleted.

I understand that the content of the Certification Examination is proprietary and strictly confidential information. I hereby agree that I will not disclose, or assist in the disclosure of, either directly or indirectly, any question or any part of any question from an examination to any person or entity. I understand that I may be disqualified from taking or continuing to sit for an examination, or from receiving examination scores, if the AAWM determines through either proctor observation, statistical analysis, or any other means that I was engaged in collaborative, disruptive, or other unacceptable behavior before, during the administration of, or following the Certification Examination.

I further understand that the unauthorized receipt, retention, possession, copying or disclosure of any examination materials, including but not limited to the content of any examination question, before, during, or after the examination may subject me to legal action resulting in monetary damages and/or disciplinary action resulting in denial or revocation of certification.

I hereby agree to hold the AAWM, its officers, directors, examiners, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the application process, any examination given by the AAWM, any grade relating thereto, the failure to issue me any certificate, or any demand for forfeiture or redelivery of such certificate.

I UNDERSTAND THAT THE INITIAL DECISION AS TO WHETHER I QUALIFY FOR CERTIFICATION, AND ALL FUTURE DECISIONS REGARDING MY CONTINUED QUALIFICATION FOR CERTIFICATION, REST SOLELY AND EXCLUSIVELY WITH THE AAWM AND THAT THE DECISIONS OF THE AAWM ARE FINAL.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.

Signature _____ Date _____