American Board of Wound Management
Board Certification

Certified Wound Care Associate™
Certified Wound Specialist®
Certified Wound Specialist Physician

Revised January 2012
American Board of Wound Management

The American Board of Wound Management (ABWM) is a voluntary, not-for-profit organization established for the purpose of credentialing inter-disciplinary practitioners in the field of wound management. The organization was founded by individuals with years of experience in wound care who are dedicated to helping patients who suffer from acute and chronic wounds of various etiology.

The board of advisors is an interdisciplinary panel of experts in the field of wound care consisting of practitioners, academicians and researchers. The American Board of Wound Management is a full voting member of the Institute for Credentialing Excellence (ICE).

The purpose of the American Board of Wound Management is to establish and administer a certification process to elevate the standard of care across the continuum of wound management. The Board is dedicated to an interdisciplinary approach in promoting prevention, care and treatment of acute and chronic wounds.

Wound Management Board Certification

The Application for Certification and any information or material received or generated by the ABWM in connection with the certification process will be kept confidential and will not be released unless such release is authorized by the candidate or required by law. However, the fact that an individual is or is not, or has or has not been, certified is a matter of public record and may be disclosed. Finally, the ABWM may use information from applications and examinations for the purpose of statistical analysis, provided that the personal identification with that information has been deleted.

The content of the Certification Examinations is proprietary and strictly confidential information. Examinees may not disclose, either directly or indirectly, any questions or any part of any question from an examination to any person or entity. Examinees may be disqualified from taking or continuing to sit for an examination, or from receiving examination scores, if the ABWM determines through either proctor observation, statistical analysis, or any other means that he or she was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of or following the examination.

The unauthorized receipt, retention, possession, copying or disclosure of any information materials, including but not limited to the content of any examination question, before, during, or after the examination may subject candidate to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification or re-certification.

American Board of Wound Management Board Certification

The American Board of Wound Management (ABWM) supports the concept of voluntary certification by examination for wound management professionals. Certification focuses specifically on the individual and is an indication of current level of knowledge in the wound management field.

All questions and requests for information about any of the certification examinations should be directed to:

American Board of Wound Management
1155 15th Street NW, Suite 500
Washington, DC 20005
Voice: 202/457-8408
Fax: 202/530-0659
Web site: www.abwmcertified.org
E-mail: info@abwmcertified.org

All questions and requests for information about examination scheduling should be directed to:

Applied Measurement Professionals, Inc.
18000 W. 105th Street
Olathe, KS 66061-7543
Phone: 913/895-4600
Fax: 913/895-4650
Web site: www.goAMP.com
Table of Contents

ABOUT THE CERTIFIED WOUND CARE ASSOCIATE™ ………… 2
Objectives of Board Certification ………… 2
ABWM Administration ………… 2
Certification Status ………… 2
Eligibility Requirements ………… 2
Attainment of Certification, Renewal, and Re-certification ………… 3
Revocation of Certification ………… 3
Fees ………… 3
Grievance Procedures ………… 3
Review Material ………… 3
Examination ………… 3
Time Allocation for the Examination ………… 4
Admission to Testing ………… 4
Re-testing Policies ………… 4
Report of Results ………… 4
Confidentiality ………… 4
CWCA™ Content Outline ………… 5
Sample Questions ………… 7
Application Submission Checklist ………… 8
CWCA™ Application ………… 9
Request Letter of Reference ………… 12
Payment of Fees ………… 13

ABOUT THE CERTIFIED WOUND SPECIALIST ® ………… 14
Objectives of Board Certification ………… 14
ABWM Administration ………… 14
Certification Status ………… 14
Eligibility Requirements ………… 14
Attainment of Certification, Renewal, and Re-certification ………… 15
Revocation of Certification ………… 15
Fees ………… 15
Grievance Procedures ………… 15
Review Material ………… 15
Examination ………… 15
Time Allocation for the Examination ………… 16
Admission to Testing ………… 16
Re-testing Policies ………… 16
Report of Results ………… 16
Confidentiality ………… 15
CWSP Content Outline ………… 29
Sample Questions ………… 19
Application Submission Checklist ………… 20
CWSP Application ………… 32
Payment of Fees ………… 35

Code of Ethics ………… 36
Testing Agency ………… 37
Nondiscrimination Policy ………… 37
Examination Administration ………… 37
Assessment Center Locations ………… 37
Scheduling an Examination ………… 37
Rescheduling an Examination ………… 37
Missed Appointment and Cancellations ………… 38
Holidays ………… 38
Special Arrangements for Candidates with Disabilities ………… 38
Telecommunication Devices for the Deaf ………… 38
Inclement Weather, Power Failure or Emergency ………… 38
Taking the Examination ………… 38
Identification ………… 38
Security ………… 39
Personal Belongings ………… 39
Examination Restrictions ………… 39
Misconduct ………… 39
Copyrighted Examination Questions ………… 39
Computer Login ………… 39
Practice Examination ………… 39
Timed Examination ………… 40
Candidate Comments ………… 40
Following the Examination ………… 40
Scores Cancelled by ABWM or AMP ………… 40
Failing to Report for an Examination ………… 40
Duplicate Score Report ………… 40
Request for Special Examination Accommodations ………… 41
Documentation of Disability-Related Needs ………… 42

American Board of Wound Management Board Certification
ABOUT THE CERTIFIED WOUND CARE ASSOCIATE™

The Certified Wound Care Associate™ (CWCA®) credential demonstrates that the health professional possesses distinct and specialized knowledge in wound care. Board certification is voluntary and is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, and other considerations.

It is important to understand that passing the examination verifies a certain level of knowledge in the field of wound management. It does not confer to the CWCA® any permission to manage wounds beyond the limitations of the individual’s professional practice.

Boundaries of practice are determined by state practice acts, not the certification examination. Job descriptions and job functions are determined by employing agencies, not the CWCA® examination.

By certifying an individual as a Certified Wound Care Associate™ (CWCA®), the American Board of Wound Management and its affiliates assume no responsibility for the action or activities of a CWCA® and is released from all liability in any practice decision made in the delivery of wound care services.

ABWM provides equal opportunity to all applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, physical or mental disability, veteran status or other legally protected categories.

Objectives of Board Certification

To advance wound management as a professional discipline by:

- Identifying knowledge that is essential to the job of wound care associates.
- Advancing cooperation and information exchange among the many disciplines and organizations involved in wound care.
- Recognizing those who meet the eligibility requirements for certification.
- Encouraging continued professional growth and development of individuals and the field of wound management.
- Raising standards and elevating the importance of ethical behavior among practitioners and researchers, by requiring the Certified Wound Care Associate™ to adhere to a strict code of ethics and professional standards.

ABWM Administration

The board certification is sponsored by the American Board of Wound Management. For questions concerning eligibility, please contact us by:

Email: info@abwmcertified.org or Phone: 202-457-8408.

Certification Status

The ABWM shall grant Associate status to those individuals who successfully pass the National Board Certification Examination for Wound Management Associates. Such Associates shall be referred to as a “Certified Wound Care Associate™ of the ABWM” and shall be entitled to use the title Certified Wound Care Associate™ and the designation CWCA® after their name.

Eligibility Requirements

The CWCA® Examination is available to the following professionals who possess at least three (3) years of wound care related experience: associate degree RNs, LPNs, LVNs, PTAs, all certified healthcare assistants, healthcare administrators, dieticians, sales and marketing professionals, and academic researchers.

To apply, please follow the directions and guidelines outlined below:

1. Complete application with all fields filled in with biographical information including social security number.
2. Provide a professional resume or curriculum vitae.
3. Provide a detailed description of three (3) years of wound care experience.
4. Provide copies of professional licenses and board certifications (if applicable).
5. Provide three (3) 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.
6. Read and sign the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.
7. Provide payment for the required application fee.
8. Complete the checklist form by initialing next to each application item.

All application materials must arrive at the ABWM at one time and in the same envelope. Candidates should allow a minimum of 15 business days for processing their application. Packets that arrive with materials missing will be returned delaying the application. FedEx and USPS certified mail are recommended. It is the sole responsibility of the candidate to ensure that all application materials arrive in the ABWM office.
Attainment of Certification, Renewal, and Re-certification

The application and required documentation will be reviewed for completeness and appropriateness by the Executive Director who will recommend to the ABWM Credentials Committee approval or denial of the candidate’s eligibility to sit for the National Board Certification Examination for the Certified Wound Care Associate™. Those candidates who successfully complete the eligibility review and pass the written examination will be presented with the Certified Wound Care Associate™ (CWCA®) credential. Candidates will be notified in writing directly by AMP of the examination results immediately upon completion of the examination.

Candidates successfully completing the requirements for certification shall be recognized Associates of the ABWM. A suitable certificate bearing the seal of the American Board of Wound Management shall be inscribed with the name of the candidate. New Associates will be mailed a Welcome Packet from the ABWM including a Welcome Letter, Press Release, Employer Advocacy Letter, CWCA® Pin, and CWCA® Patch.

A Certified Wound Care Associate™ shall be required to pay annual renewal fees to ABWM. A Certified Wound Care Associate™ must demonstrate a minimum of six (6) hours of continuing education per calendar year in the field of wound management. These hours can be achieved by attending live courses, participating online, through correspondence or by any continuing education organization. The submission of Continuing Education Units shall be made with the annual re-registration form. Continuing Education Units are subject to audit.

All certificates for certification in wound management shall carry a time limit of ten (10) years for which the certificate is active. All Certified Wound Care Associates™ shall be required to retake the CWCA® examination every ten (10) years in order to maintain certification status and renew the certificate.

Revocation of Certification

Certification will be revoked for the following reasons:

1. Failure to renew within thirty (30) days of renewal date, pay appropriate fee and note continuing education taken.
2. Conviction for any offense which prohibits the practice of their profession in any state.
3. Falsification of any information in connection with the application for certification or related documents.
4. If the Certified Wound Care Associate™ has any administrative, civil, or criminal determination by a state licensing agency or other appropriate agency or court of jurisdiction that causes his/her license to be suspended or results in probation or other restrictions. If your license is suspended or revoked, you may no longer use the CWCA® designation until your license is reinstated.
5. Failure to adhere to the ethical requirement of the ABWM.
6. Falsely advertising oneself as a Certified Wound Care Associate™.
7. Advertising to the public in a false, deceptive, or misleading manner.
8. Revocation hearings and reinstatement policies of the ABWM are available upon request.

Fees

<table>
<thead>
<tr>
<th>Fee Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWCA® First-time Application Fee</td>
<td>$375.00</td>
</tr>
<tr>
<td>CWCA® Re-test Fee</td>
<td>$150.00</td>
</tr>
<tr>
<td>CWCA® Examination Reschedule Fee (First time only)</td>
<td>$0.00</td>
</tr>
<tr>
<td>CWCA® Examination Reschedule Fee (After first reschedule)</td>
<td>$150.00</td>
</tr>
<tr>
<td>CWCA® Annual Renewal Fee</td>
<td>$150.00</td>
</tr>
<tr>
<td>CWCA® 10-Year Re-certification Fee</td>
<td>$375.00</td>
</tr>
</tbody>
</table>

Make check or money order payable to: American Board of Wound Management

MasterCard, Visa, and American Express accepted

Grievance Procedures

Applicants that have been deemed ineligible to sit for the examination may file a grievance with the ABWM. The individual should submit a letter to the ABWM Board of Directors, along with any applicable documentation. The grievance will be reviewed by the Board of Directors, who shall deliver a final decision within 30 days via certified mail.

Review Material

In compliance with National Accrediting Standards, the ABWM does not provide review materials for the Certification Examination. It is the responsibility of the candidate to prepare by any means they feel are appropriate.

Examination

An interdisciplinary team of CWS’®s and CWCA®’s who are supervised by the ABWM Examination Chair and Applied Measurement Professionals, Inc. (AMP), constructs the items included in the examination. The Examination Committee meets two to three times a year to review the items and the examination itself for validation. All examination materials are under the control of AMP, and Examination Committee members do not have copies or notes from these committee meetings. AMP also runs statistical analysis on each examination and examination items to validate their effectiveness as examination questions.

The examination consists of up to 150 multiple choice items. The examination covers five subject areas as described in the Content Outline (pages 5-6).
Certified Wound Care Associate™

Candidate Handbook

Time Allocation for the Examination
Candidates are allowed up to three (3) hours to answer 150 multiple choice questions for the examination.

Admission to Testing
Applications will be reviewed by the ABWM to verify that candidates meet the eligibility requirements. Once an application and documentation materials are submitted, individuals will be notified by AMP of the following:

• IF ELIGIBLE: You will receive a notice from AMP within 15 business days of the receipt of your completed application.
• IF NOT ELIGIBLE: Your certification fee, less a $50 processing fee, will be returned to you with a notice of ineligibility.
• FAILURE TO RECEIVE ADMISSION NOTICE: A candidate not receiving an admission notice after being approved by the ABWM should contact AMP by calling 888/519-9901.

Re-testing Policies
Candidates who do not pass the examination are eligible to re-take the examination 90 days after the date of their last examination. Candidates must file an ABWM Re-test Application and pay a $150 re-application fee each time they re-test. Any candidate who does not achieve a passing score after three attempts must submit documentation of 30 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time.

Report of Results
Candidates will receive notification of their results from AMP immediately upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by AMP or ABWM under any circumstances.

Confidentiality
It is up to each candidate to notify an employer or others as to whether you have passed or failed the examination. Upon written inquiry, the ABWM will release information regarding the status of an individual’s certification only, withholding information regarding scores or if an individual took the examination.
CWCA® Content Outline

I. Physical Assessment (25%)

A. Anatomy
   1. Skin Layers/Functions
   2. Blood Cells
   3. Bony Prominences
   4. Fibroblasts
   5. Collagen
   6. Macrophages

B. Physiology
   1. Phases of Healing
   2. Microenvironment
   3. Acute/Chronic Wounds
   4. Wounds in Elderly
   5. Epithelialization
   6. Contraction
   7. Angiogenesis
   8. Inflammation
   9. Granulation
   10. Circulation
   11. Contraction
   12. Collagen

C. Pathophysiology
   1. Wound Fluid
   2. Bioburden
      a. Contamination
      b. Colonization
      c. Critical Colonization
      d. Infection
   3. Undermining
   4. Tunneling
   5. Necrotic Tissue
   6. Keloid/Hypertrophic

D. Understanding Diagnostic Tests
   1. Culturing
   2. Radiologic Examinations
   3. Noninvasive Vascular Tests
   4. Use of Doppler
   5. Lab Values

E. Assessment of Skin and Wound
   1. Wound Characteristics
   2. Wound Measurement
   3. Periwound Environment
   4. Inflammatory Signs
   5. Dermatological Signs

F. Vital Signs
   1. Blood Pressure
   2. Pulse

G. Wound Types
   1. Ischemic
   2. Diabetic/Neuropathic
   3. Pressure
      a. Deep Tissue Injury
      b. Unstageable
      c. Kennedy/Terminal Ulcer
   4. Venous
   5. Uncommon
   6. Injury
      a. Chemical
      b. Electrical
      c. Thermal
      d. Radiation
      e. Bites
      f. Mechanical
      g. Metabolic
      h. Foreign Bodies
   7. Surgical
   8. Orthopaedic

H. Factors Affecting Healing
   1. Obesity
   2. Age
   3. Dehiscence
   4. Infection
   5. Scarring
   6. Desiccation
   7. Nutrition
   8. Smoking
   9. Moisture
   10. Immobility
   11. Cognitive Status

I. Medical History
   1. Significant Past History
   2. Family History
   3. Social History

J. Assessment of Edema
   1. Assessing Pit
   2. Volumetrics
   3. Girth Measurements

II. Patient Preparation (15%)

A. Transfers
   1. Chair to Chair
   2. Chair to Bed
   3. Bed to Stretcher
   4. Bed to Chair

B. Patient Comfort
   1. Positioning
   2. Treatment Environment

C. Pain Issues
   1. Pain Scales
   2. Pre-medication
   3. Time Outs

D. Sterile Fields

E. Clean Versus Sterile Technique

F. Disinfecting Equipment
   1. Disinfective Agents
   2. Techniques of Disinfection

G. Infection Control/Safety Considerations
   1. Standard Precautions
   2. Material Safety Data Sheets

H. Dressing Removal/Cleansing Wounds

III. Treatment (20%)

A. Compression
   1. Bandaging
   2. Unna’s Boot
   3. Multilayer Elastic
   4. Long/Short Stretch
   5. Stockings
   6. Vasopneumatic Pumps
   7. Alternative Compression Systems

B. Debridement
   1. Autolytic
   2. Enzymatic
   3. Mechanical
   4. Sharp/Excisional
   5. Surgical
   6. Biosurgical
   7. Ultrasonic

C. Dressings
   1. Classes
   2. Functions
   3. Decision-making
   4. Securement

D. Topicals
   1. Ointments
   2. Creams
   3. Emollients
E. Hydrotherapy
   1. Whirlpool
   2. Pulsatile Lavage
   3. Irrigation

F. Physical Agents
   1. Electrical Stimulation
   2. Ultrasound
   3. Ultraviolet
   4. Infrared
   5. Negative Pressure Wound Therapy
   6. Hyperbaric Oxygen

G. Surgery
   1. Grafts
   2. Flaps
   3. Debridement/Dissection

H. Pressure Management
   1. Positioning
   2. Prevention
   3. Support Surfaces
   4. Interface Pressures
   5. Offloading/Pressure Redistribution
   6. Orthotics

I. Assisting with Casting
   1. Principles of Contact Casting
   2. Posterior Walking Splints
   3. Indications/Contraindications

J. Assistive Devices
   1. Walking Aids
   2. Wheelchairs

IV. Patient/Caregiver Education (30%)
   A. Dressings
   B. Compression Therapy
      1. Application
      2. Potential Adverse Reactions
      3. Proper Home Care
   C. Wound Cleansing
   D. Reduction of Pressure
      1. Reinforcing Seating/Turning Schedules
      2. Use of Pressure Redistribution Devices
      3. Monitoring Effects of Pressure
      4. Proper Positioning
   E. Offloading Insensate Feet
      1. Proper Use of Devices
      2. Identifying Pressure Points
   F. Skin Care/Protection
      1. Use of Moisturizers and Emollients
      2. Protection of Bony Prominences
   G. Shoe Wear
      1. Wear Patterns
      2. Selecting Proper Shoe Wear
   H. Rationale for Treatment
      1. Reinforcing Purposes of Treatment
      2. Encouraging Patient Participation and Adherence
   I. Handwashing

J. Standard Precautions
K. Reinforcement of Smoking Cessation
L. Psychosocial Issues

V. Administration (10%)
   A. Discharge Planning
   B. Documentation
   C. Documentation Tools
      1. Informed Consent
      2. Time Out
      3. Scales
   D. Maintenance of Patient Privacy
   E. Equipment Maintenance
   F. Wound Care Team
   G. Patient Care Plans
   H. Photo Documentation
   I. Legal and Ethical Issue
Sample Questions

The American Academy of Wound Management National Board Certification Examination for Wound Management Associates consists of seven subject areas with a sample question from each of the areas listed below:

1. What layer of the skin provides pigmentation and serves a protective function?
   A. Dermis  
   B. Epidermis  
   C. Subcutaneous Tissue  
   D. Hypodermis

2. Which of the following blood components is most closely associated with normal clot formation?
   A. White Blood Cells  
   B. Fibroblasts  
   C. Platelets  
   D. Macrophages

3. The Ankle Brachial Index is a quick, non-invasive test used to evaluate
   A. Lymphatic Obstruction  
   B. Venous Insufficiency  
   C. Protective Sensation  
   D. Arterial Blood Flow

4. A patient presents with a painful, chronic ulcer on the lateral aspect of the leg. The ulcer measures 2.0 cm long by 2.0 cm wide by 1.0 cm deep and has no exudate. There are also small areas of necrosis noted over the nail beds of the 4th and 5th digits. Which of the following ulcer etiologies is most likely the cause?
   A. Venous  
   B. Diabetic  
   C. Arterial  
   D. Pressure

5. Which of the following dressings, used independently, is most closely associated with moist wound healing?
   A. Woven Gauze  
   B. Hydrocolloid  
   C. Non-adherent contact layer  
   D. Zinc impregnated gauze

6. The use of Papain-urea ointment is an example of which type of debridement?
   A. Enzymatic  
   B. Mechanical  
   C. Autolytic  
   D. Biotherapy

7. Which of the following statements is most accurate regarding wound healing?
   A. Scar tissue is stronger than uninjured skin.  
   B. Growth factors play a minor role in repair.  
   C. Collagen is deposited and remodeled during repair.  
   D. Most cytokines are visible to naked eye.

Answers to Sample Questions

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>B</td>
</tr>
<tr>
<td>2</td>
<td>C</td>
</tr>
<tr>
<td>3</td>
<td>D</td>
</tr>
<tr>
<td>4</td>
<td>C</td>
</tr>
<tr>
<td>5</td>
<td>B</td>
</tr>
<tr>
<td>6</td>
<td>A</td>
</tr>
<tr>
<td>7</td>
<td>C</td>
</tr>
</tbody>
</table>
Application Submission Checklist

Each of the following items needs to be included in your application packet. Once all documents have been collected, initial next to each item and include this form with your materials. Incomplete applications will be returned.

<table>
<thead>
<tr>
<th>Initials:</th>
<th>1) Completed and signed application with all fields filled in with biographical information including social security number.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initials:</td>
<td>2) Provide a professional resume or curriculum vitae.</td>
</tr>
<tr>
<td>Initials:</td>
<td>3) Provide a detailed description of 3 years of wound care experience.</td>
</tr>
<tr>
<td>Initials:</td>
<td>4) Copies of professional licenses and board certifications, as applicable.</td>
</tr>
<tr>
<td>Initials:</td>
<td>5) 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.</td>
</tr>
<tr>
<td>Initials:</td>
<td>6) Read the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.</td>
</tr>
<tr>
<td>Initials:</td>
<td>7) Payment for the required fee.</td>
</tr>
<tr>
<td>Initials:</td>
<td>8) Complete this checklist form by initialing next to each application item and including it with your application.</td>
</tr>
</tbody>
</table>
Application for National Board Certification Examination

Certified Wound Care Associate™

Name

Submission Date

Social Security Number

Name and Credentials as you would like them to appear on your certificate

Mail to:

American Board of Wound Management
1155 15th Street, NW, Suite 500 • Washington, DC 20005
Tel: 202-457-8408 • Fax: 202-530-0659
E-mail: info@abwmcertified.org • www.abwmcertified.org
# Application for National Board Certification Examination for Certified Wound Care Associate™

1. Name ___________________________ Maiden Name ___________________________

2. Organization or employer/affiliation ____________________________________________________________

3. Permanent mailing address ____________________________________________________________
   City ___________________________ State ____________ Zip ___________

4. Phone/Office ___________________________ Phone/Home ___________________________

5. Fax ___________________________ E-mail ___________________________

6. Professional title of position ___________________________

7. Discipline or specialty ___________________________

8. Education:
   - Highest Degree ___________________________ Year Awarded ________ Institution ___________________________
   - Highest Degree ___________________________ Year Awarded ________ Institution ___________________________
   - Highest Degree ___________________________ Year Awarded ________ Institution ___________________________

9. 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 ___________________________

10. 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 ____________

11. Are you Board certified by another organization?  □ Yes  □ No
    If yes, list certifications below and attach a copy of each certificate:
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________

12. 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.

13. Professional memberships:
    __________________________________________________________
    __________________________________________________________
    __________________________________________________________

14. Please include three professional references, sealed in original envelopes 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 ABWM 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
I hereby apply to the American Board of Wound Management (the “ABWM”) 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 ABWM. I have read and agree to the conditions set forth in the ABWM’s Handbook for Candidates covering eligibility, the administration of the Certification Examination; the certification process; and ABWM’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 ABWM 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 ABWM 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 ABWM 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, have or have not been, certified is a matter of public record and may be disclosed. Finally, I allow the ABWM 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 ABWM 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 ABWM, 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 ABWM, 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 ABWM AND THAT THE DECISIONS OF THE ABWM ARE FINAL.

I HAVE READ AND UNDERSTAND THESE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.
Request Letter of Reference

Instructions to Candidate

Please fill in your name and give a copy of this form to each of the three professionals whom you will ask to write letters of reference for you.

Name of Candidate:

Instructions to Reference

The person listed above requests that you provide a letter of reference to the American Board of Wound Management to support his or her application for the board certification examination to become a Certified Wound Care Associate™ (CWCA™).

Should you have any questions, please contact the candidate directly, or contact the ABWM office at info@abwmcertified.org or at 202-457-8408.

Once the letter is complete, return it to the applicant in a sealed envelope.

Please note that all letters of reference should:

- Be addressed to the ABWM Credentials Committee.
- Be written on official letterhead and include a current phone number (ABWM audits randomly and may need to call you to confirm your reference).
- Attest to the candidate’s wound care knowledge and skills.
- Attest to the candidate’s required years of experience in wound care: 3 years required.
- Be dated and signed.
Payment of Fees

Check all that apply.

Certified Wound Care Associate™ Examination – CWCA®

☐ Registration examination fee $375.00
☐ Examination re-test fee: $150.00
☐ Other ____________________ (fill in): $_______

Total: $_______

Payment

☐ Check or money order enclosed, payable to:
   American Board of Wound Management

☐ Please charge my credit card:
   ☐ VISA  ☐ MasterCard  ☐ American Express

__________________________________________
Account Number

__________________________________________
Expiration Date  Security Code

__________________________________________
Cardholder Name

__________________________________________
Cardholder Billing Address

__________________________________________
Signature

Internal use only

<table>
<thead>
<tr>
<th>Date Received:</th>
<th>Account Number:</th>
<th>Invoice Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Mail to:

American Board of Wound Management
1155 15th Street, NW, Suite 500 • Washington, DC 20005
Tel: 202-457-8408 • Fax: 202-530-0659
E-mail: info@abwmcertified.org • www.abwmcertified.org
ABOUT THE CERTIFIED WOUND SPECIALIST® (CWS®)

The Certified Wound Specialist (CWS®) credential demonstrates that the certified health professional possesses distinct and specialized knowledge thereby promoting quality of care for persons with wounds. Board certification as a wound specialist is voluntary and is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, and other considerations.

It is important to understand that passing the examination verifies a certain level of knowledge in the field of wound management. It does not confer to the CWS® any permission to manage wounds beyond the limitations of the individual’s professional practice.

Boundaries of practice are determined by state practice acts, not the certification examination. Job descriptions and job junctions are determined by employing agencies, not the CWS® examination.

By certifying an individual as a Certified Wound Specialist® (CWS®), the American Board of Wound Management and its affiliates assume no responsibility for the action or activities of a CWS® and is released from all liability in any practice decision made in the delivery of wound care services.

ABWM provides equal opportunity to all applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, physical or mental disability, veteran status or other legally protected categories.

Objectives of Board Certification

To advance wound management as a professional discipline by:

- Identifying knowledge that is essential to the job of wound care specialists.
- Advancing cooperation and information exchange among the many disciplines and organizations involved in wound care.
- Recognizing those who meet the eligibility requirements for certification.
- Encouraging continued professional growth and development of individuals and the field of wound management.
- Raising standards and elevating the importance of ethical behavior among practitioners and researchers, by requiring the Certified Wound Specialist® to adhere to a strict code of ethics and professional standards.

ABWM Administration

The board certification is sponsored by the American Board of Wound Management. For questions concerning eligibility, please contact us by:

Email: info@abwmcertified.org or Phone: 202/457-8408.

Certification Status

The ABWM shall grant Diplomate status to those individuals who successfully pass the National Board Certification Examination for Wound Management Professionals. Such Diplomates shall be referred to as a “Certified Wound Specialist” of the ABWM and shall be entitled to use the title Certified Wound Specialist® and the designation CWS® after their name.

Eligibility Requirements

To be eligible to sit for the CWS® examination, an applicant must have a Bachelor’s degree in a life science field, and possess three (3) years of clinical experience in wound care, or have completed a fellowship of at least one year in duration that is certified by a credentialing organization, and supply a letter of recommendation from the fellowship program director and a CWS® that was actively involved in the wound care training; and, be licensed or certified to practice one of the following professions: MD, DO, DPM, RN, PA, PT, OT, DMD, VMD.

Candidates for Board Certification in wound management must fulfill all of the following criteria:

1. Completed application with all fields filled in with biographical information including social security number.
2. Provide a professional resume or curriculum vitae.
3. Provide a detailed description of three (3) years of clinical wound care experience and direct patient care.
4. Provide copies of professional licenses and board certifications.
5. Provide three (3) 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. For candidates with one year fellowship experience, two of the three letters must be from the Fellowship program director and the CWS® who was directly involved in the applicant’s training.
6. Read and sign the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.
7. Provide payment for the required application fee.
8. Complete the checklist form by initialing next to each application item.

All application materials must arrive at the ABWM at one time and in the same envelope. Candidates should allow a minimum of 15 business days for processing their application. Packets that arrive with materials missing will be returned delaying the application. FedEx and USPS certified mail are recommended. It is the sole responsibility of the candidate to ensure that all application materials arrive in the ABWM office.
Attainment of Certification, Renewal, and Re-certification

The application and required documentation will be reviewed for completeness and appropriateness by the Executive Director who will recommend to the ABWM Credentials Committee approval or denial of the candidate’s eligibility to sit for the National Board Certification Examination for the Certified Wound Specialist®. Those candidates who successfully complete the eligibility review and pass the written examination will be presented with the Certified Wound Specialist® (CWS®) credential. Candidates will be notified in writing directly by AMP of the examination results immediately upon completion of the examination.

Candidates successfully completing the requirements for certification shall be recognized Diplomates of the ABWM. A suitable certificate bearing the seal of the American Board of Wound Management shall be inscribed with the name of the candidate. New Diplomates will be mailed a Welcome Packet from the ABWM including a Welcome Letter, Press Release, Employer Advocacy Letter, CWS® Pin, and CWS® Patch.

A Certified Wound Specialist® shall be required to pay annual renewal fees to ABWM. A Certified Wound Specialist® must demonstrate a minimum of six hours of continuing education per calendar year in the field of wound management. These hours can be achieved by attending live courses, participating online, through correspondence or by any continuing education organization. The submission of continuing education units shall be made with the annual re-registration form. Continuing Education Units are subject to audit.

All certificates for certification in wound management shall carry a time limit of ten years for which the certificate is active. All Certified Wound Specialists® shall be required to retake the CWS® examination every ten (10) years in order to maintain certification status and renew the certificate.

Revocation of Certification

Certification will be revoked for the following reasons:

1. Failure to renew within thirty (30) days of renewal date, pay appropriate fee and note continuing education taken.
2. Conviction for any offense which prohibits the practice of their profession in any state.
3. Falsification of any information in connection with the application for certification or related documents.
4. If the Certified Wound Specialist® has any administrative, civil, or criminal determination by a state licensing agency or other appropriate agency or court of jurisdiction that causes his/her license to be suspended or results in probation or other restrictions. If your license is suspended or revoked, you may no longer use the CWS® designation until your license is reinstated.
5. Failure to adhere to the ethical requirement of the ABWM.
6. Falsely advertising oneself as a Certified Wound Specialist®.
7. Advertising to the public in a false, deceptive, or misleading manner.
8. Revocation hearings and reinstatement policies of the ABWM are available upon request.

Fees

- CWS® First-time Application Fee: $575.00
- CWS® Re-test Fee: $275.00
- CWS® Examination Reschedule Fee (One time Only): $0.00
- CWS® Examination Reschedule Fee (After first reschedule): $150.00
- CWS® Annual Renewal Fee: $150.00
- CWS® 10-Year Re-certification Fee: $575.00

Make check or money order payable to: American Board of Wound Management

MasterCard, Visa, and American Express accepted

Grievance Procedures

Applicants that have been deemed ineligible to sit for the examination may file a grievance with the ABWM. The individual should submit a letter to the ABWM Board of Directors, along with any applicable documentation. The grievance will be reviewed by the Board of Directors, who shall deliver a final decision within 30 days via certified mail.

Review Material

In compliance with National Accrediting Standards, the ABWM does not provide review materials for the Certification Examination. It is the responsibility of the candidate to prepare by any means they feel are appropriate.

Examination

An interdisciplinary team of CWS’s®, supervised by the ABWM Examination Chair and Applied Measurement Professionals, Inc. (AMP), constructs the items included in the examination.

The Examination Committee meets two to three times a year to review the items and the examination itself for validation. All examination materials are under the control of AMP, and Examination Committee members do not have copies or notes from these committee meetings. AMP also runs statistical analysis on each examination and examination items to validate their effectiveness as examination questions.

The examination consists of up to 200 multiple choice items. The examination covers seven subject areas as described in the Content Outline (pages 17-18).
Time Allocation for the Examination
Candidates are allowed up to four (4) hours to answer 200 multiple choice questions for the examination.

Admission to Testing
Applications will be reviewed by the ABWM to verify that candidates meet the eligibility requirements. Once an application and documentation materials are submitted, individuals will be notified by AMP of the following:

- IF ELIGIBLE: You will receive a notice from AMP within 15 business days of the receipt of your completed application.
- IF NOT ELIGIBLE: Your certification fee, less a $75 processing fee, will be returned to you with a notice of ineligibility.
- FAILURE TO RECEIVE ADMISSION NOTICE: A candidate not receiving an admission notice after being approved by the ABWM should contact AMP by calling 888/519-9901.

Re-testing Policies
Candidates who do not pass the examination are eligible to re-take the examination 90 days after the date of their last examination. Candidates must file an ABWM Re-test Application and pay a $275 re-application fee each time they re-test. Any candidate who does not achieve a passing score after three (3) attempts must submit documentation of 30 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time.

Report of Results
Candidates will receive notification of their results from AMP immediately upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by AMP or ABWM under any circumstances.

Confidentiality
It is up to each candidate to notify an employer or others as to whether you have passed or failed the examination. Upon written inquiry, the ABWM will release information regarding the status of an individual’s certification only, withholding information regarding scores or if an individual took the examination.
I. Anatomy (7%)
   A. Skin
   B. Blood Composition
   C. Bony Prominence
   D. Cell Adhesion
   E. Fibroblasts
   F. Keratinocytes
   G. Langerhans Cells
   H. Leukocytes
   I. Lymphocytes
   J. Macrophages
   K. Mast Cells
   L. Melanocytes
   M. Myofibroblasts
   N. Monocytes
   O. Platelets
   P. Extremities
   Q. Tendons

II. Diagnosis (20%)
   A. Ankle Brachial Index
   B. Cutaneous Flora of Skin
   C. Methods of Culturing
   D. Noninvasive Vascular Testing
   E. Neuropathy
   F. Use of Doppler
   G. Ulcers/Disease States
      1. Arterial
      2. Venous
      3. Uncommon Causes
      4. Neuropathic
      5. Lymphatic
      6. Pressure Ulcers
      7. Autoimmune
   H. Transcutaneous Oxygen Measurement
   I. Biopsy
      1. Tissue
      2. Bone
   J. Other
   K. Imaging
   L. Burns
   M. Laboratory Test

III. Psychosocial (4%)
   A. Depression
   B. Pain Issues
   C. Palliative Care
   D. Compliance Issues
   E. Quality of Life Issues
   F. Body Image

IV. General (13%)
   A. Assessment
      1. Skin
         a. Darkly Pigmented
         b. Peri-Wound
      2. Individual /Patient
      3. Environment
      4. Wound
      5. Risk Assessment
      6. Burns
      7. Nutritional
      8. Measurements
   B. Processes
      1. Colonization
      2. Exudation
      3. Undermining
      4. Tunneling
   C. Clinical Research
      1. Controlled Trials
      2. Case Studies
      3. Cohort Studies
      4. Randomization
   D. Documentation
      1. Tools
      2. Discharge Planning
      3. Outcomes Measures
      4. Pressure Ulcer Staging
      5. Referral Criteria
      6. Regulatory Issues
      7. Reimbursement and Cost Issues
   E. Obesity
   F. Microbiology
   G. Microorganisms
   H. Multidisciplinary Care
      1. Outpatient Wound Care Center
      2. Patient Education
      3. Team Approach
   I. Necrotic Tissue
   J. Prevention

V. Physiology (17%)
   A. Wounds
      1. Acute
      2. Chronic
      3. Fluids
      4. Microenvironment
      5. Contraction
      6. Scar Contracture
   B. Healing
      1. Co-factors in Impaired Healing
      2. Phases
      3. Mechanisms
      4. Physiology
      5. Principles of Management
      6. Fetal
      7. Causes
      8. Effects of Occlusion
      9. Effects of Age
      10. Fluids
      11. Scar Treatments
      12. Growth Factors
      13. Hemosiderin
   C. Processes
      1. Epithelization
      2. Desiccation
      3. Angiogenesis
      4. Homeostasis
      5. Proliferation
      6. Regeneration
      7. Repair
      8. Remodeling
      9. Inflammation
      10. Margination
      11. Granulation
      12. Circulation
      13. Hemosiderosis
   D. Factors
      1. Cetyl Stearyl Alcohols
      2. Dyes
      3. Fragrances
      4. Keloids
      5. Lanolin
      6. Oxygen
         a. Hypoxia
         b. Inadequate Blood Supply
      7. Parabens
VI. Pathophysiology (17%)
A. Ulcers
1. Arterial
2. Diabetic
3. Ischemic
4. Neuropathic
5. Pressure
6. Venous
7. Lower Extremity
8. Uncommon
B. Radiation
C. Injury
1. Chemical
2. Electrical
3. Perfusion
4. Thermal
5. Animal and Insect Bites
6. Factitious Wounds
7. Foreign Bodies
8. Mechanical
9. Metabolic
10. Neuropathic
D. Donor Sites
E. Malignant Tumors
F. Malnutrition
G. Wounds
1. Environment
2. Infection
   a. Bacterial
   b. Fungal
3. Problem Surgical
H. Other Dermatological Conditions

VII. Therapeutics (22%)
A. Compression
1. Alternatives
2. Bandaging
3. Stockings
4. Sequential Pumps
B. Debridement
1. Autolytic
2. Enzymatic
3. Mechanical
4. Sharp
5. Surgical
6. Other
C. Dressings
1. Classes
2. Functions
3. Removal
4. Infected Wounds
5. Decision-making
6. Sterile techniques
7. Securement
8. Bandages
   a. Paste
   b. 3 Layer
   c. 4 layer
   d. Multilayer Elastic
9. Semi-occlusive
10. Algorithms
11. Total Contact Casting
D. Therapy
1. Hydrotherapy
2. Oxygen Therapy
3. Physical Therapy
   a. Roles
   b. Interventions
4. Topical
   a. Medications
   b. Pharmacologic Agents
5. Alternative/Adjunctive
   a. Vacuum Assisted Closure
   b. Electrical Stimulation
6. Surgery
   a. Interventions
      1. Grafts
         a. Allograft
         b. Autograft
         c. Skin
         d. Xenograft
      2. Flaps
         a. Devices
         b. Dissection for Tunneling
7. Interface Pressure
8. Lasers
   a. Low Energy
9. Medications

E. Management
1. Wounds
   a. Types
      1. Infected
      2. Granulating
      3. Draining
      4. Sutured
      5. Acute Surgical
      6. Ischemic
      7. Thermal
      8. Venous
      9. Neuropathic
   b. Cleansing
   c. Infection Control
   d. Treatment Plan
   e. Irrigation
   f. Packing
   g. Types of Wound Closure
2. Edema

F. Pressure Ulcers
1. Positioning
2. Management
3. Prevention
4. Pressure Redistribution Devices

G. Other Factors
1. Standards and Protocols
2. Support Surface Selection
3. Moisture Control
4. Nutrition
5. Heat
6. Hyperbaric Oxygen
7. Interface Pressures
8. Irrigation Pressures
9. Local Toxins
10. Stretch
    a. Long
    b. Short
11. Pulsative Lavage
12. Skin
    a. Care Strategies
    b. Equivalents
13. Unna Boots
14. Whirlpool
15. Ultrasound
16. Off-loading
    a. Total Contact Casting
    b. Posterior Walking Splints
    c. Custom Molded Orthose
    d. Healing Shoes
    e. Other
Sample Questions

The American Academy of Wound Management National Board Certification Examination for Wound Management Professionals consists of seven subject areas with a sample question from each of the areas listed below:

1. Which of the following substances is NOT synthesized by the fibroblast?
   1. Elastin
   2. Collagen
   3. Histamine
   4. Proteoglycans

2. Which of the following is occurring if, almost immediately after injury, leukocytes begin to adhere to the sticky endothelium of the venules.
   1. Neutrophic rouleaux
   2. Neutrophic diapedesis
   3. Neutrophic margination
   4. Neutrophic aggregation

3. Which of the following observations is NOT characteristic of a venous ulcer?
   1. Fibrinous base
   2. Crusted periwound area
   3. Significant serous drainage
   4. Round symmetrical wound border

4. Which of the following does NOT provide information valuable in assessing neuropathic risk in a patient with diabetes?
   1. TcPO2
   2. Vibration perception
   3. Monofilament testing
   4. Duration/control of disease

5. A heavily draining cavity wound with granulation tissue along the sidewalls and stringly slough covering the base would be best managed locally by
   1. an alginate dressing.
   2. a hydrocolloid dressing.
   3. a hydrogel sheet dressing.
   4. an amorphous hydrogel dressing.

Answers to Sample Questions

1. 3  4. 1
2. 3  5. 1
3. 4
### Application Submission Checklist

Each of the following items needs to be included in your application packet. Once all documents have been collected, initial next to each item and include this form with your materials. Incomplete applications will be returned.

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Completed and signed application with all fields filled in with biographical information including social security number.</td>
</tr>
<tr>
<td>2)</td>
<td>Provide a professional resume or curriculum vitae.</td>
</tr>
<tr>
<td>3)</td>
<td>Provide a detailed description of 3 years of clinical wound care experience and direct patient care.</td>
</tr>
<tr>
<td>4)</td>
<td>Copies of professional licenses and board certifications, as applicable.</td>
</tr>
<tr>
<td>5)</td>
<td>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.</td>
</tr>
<tr>
<td>6)</td>
<td>Read the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.</td>
</tr>
<tr>
<td>7)</td>
<td>Payment for the required fee.</td>
</tr>
<tr>
<td>8)</td>
<td>Complete this checklist form by initialing next to each application item and including it with your application.</td>
</tr>
</tbody>
</table>

Initials:
Application for National Board Certification Examination

Certified Wound Specialist®

Name

Submission Date

Social Security Number

Name and Credentials as you would like them to appear on your certificate

Mail to:

American Board of Wound Management
1155 15th Street, NW, Suite 500 • Washington, DC 20005
Tel: 202-457-8408 • Fax: 202-530-0659
E-mail: info@abwmcertified.org • www.abwmcertified.org
Application for National Board Certification Examination for Certified Wound Specialist®

1. Name __________________________ Maiden Name __________________________

2. Organization or employer/affiliation ____________________________________________

3. Permanent mailing address _____________________________________________________
   City __________________________ State ________________ Zip ________________

4. Phone/Office __________________________ Phone/Home __________________________

5. Fax __________________________ E-mail ________________________________________

6. Professional title of position __________________________________________________

7. Discipline or specialty ________________________________________________________

8. Education:
   - Highest Degree __________________________ Year Awarded __________ Institution ______________
   - Highest Degree __________________________ Year Awarded __________ Institution ______________
   - Highest Degree __________________________ Year Awarded __________ Institution ______________

9. 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 __________________________

10. 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 __________

11. Are you Board certified by another organization?  □ Yes  □ No
    If yes, list certifications below and attach a copy of each certificate:

12. 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.

13. Professional memberships:
    ____________________________________________________________
    ____________________________________________________________
    ____________________________________________________________

14. Please include three professional references, sealed in original envelopes 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 ABWM 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
Name: __________________________________________________

Please Print

I hereby apply to the American Board of Wound Management (the “ABWM”) for examination and issuance to me of certification as a Certified Wound Specialist® (“CWS®”) in accordance with and subject to the procedures and regulations of the ABWM. I have read and agree to the conditions set forth in the ABWM’s Handbook for Candidates covering eligibility, the administration of the Certification Examination; the certification process; and ABWM’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 ABWM 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 ABWM 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 ABWM 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 ABWM 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 ABWM 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 ABWM, 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 ABWM, 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 ABWM AND THAT THE DECISIONS OF THE ABWM ARE FINAL.

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

__________________________
Signature

__________________________
Date
Request Letter of Reference

Instructions to Candidate

Please fill in your name and give a copy of this form to each of the three professionals whom you will ask to write letters of reference for you.

Name of Candidate:

Instructions to Reference

The person listed above requests that you provide a letter of reference to the American Board of Wound Management to support his or her application for the board certification examination to become a Certified Wound Specialist® (CWS®).

Should you have any questions, please contact the candidate directly, or contact the ABWM office at info@abwmcertified.org or at 202-457-8408.

Once the letter is complete, return it to the applicant in a sealed envelope.

Please note that all letters of reference should:
• Be addressed to the ABWM Credentials Committee.
• Be written on official letterhead and include a current phone number (ABWM audits randomly and may need to call you to confirm your reference).
• Attest to the candidate’s wound care knowledge and skills.
• Attest to the candidate’s required years of experience in wound care: 3 years required, or 1-year fellowship.
• Be dated and signed.
Payment of Fees

Check all that apply.

Certified Wound Specialist® Examination – CWS®

☐ Registration examination fee $575.00
☐ Examination re-test fee: $275.00
☐ Other _________________ (fill in): $______

Total: $______

Payment

☐ Check or money order enclosed, payable to: American Board of Wound Management

☐ Please charge my credit card:
   ☐ VISA ☐ MasterCard ☐ American Express

_________________________ ____________________________
Account Number  Security Code

_________________________ ____________________________
Expiration Date  Security Code

_________________________
Cardholder Name

_________________________
Cardholder Billing Address

_________________________
Signature

Internal use only

Date Received:  Account Number:  Invoice Number:

Mail to:

American Board of Wound Management
1155 15th Street, NW, Suite 500 • Washington, DC 20005
Tel: 202-457-8408 • Fax: 202-530-0659
E-mail: info@abwmcertified.org • www.abwmcertified.org
ABOUT THE CERTIFIED WOUND SPECIALIST PHYSICIAN (CWSP)

The Certified Wound Specialist Physician (CWS®) credential demonstrates that the certified health professional possesses distinct and specialized knowledge thereby promoting quality of care for persons with wounds. Board certification as a wound specialist physician is voluntary and is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, and other considerations.

It is important to understand that passing the examination verifies a certain level of knowledge in the field of wound management. It does not confer to the CWS® any permission to manage wounds beyond the limitations of the individual's professional practice.

Boundaries of practice are determined by state practice acts, not the certification examination. Job descriptions and job functions are determined by employing agencies, not the CWS® examination.

By certifying an individual as a Certified Wound Specialist Physician (CWSP), the American Board of Wound Management and its affiliates assume no responsibility for the action or activities of a CWSP and is released from all liability in any practice decision made in the delivery of wound care services.

ABWM provides equal opportunity to all applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, physical or mental disability, veteran status or other legally protected categories.

Objectives of Board Certification

To advance wound management as a professional discipline by:

- Identifying knowledge that is essential to the job of wound care specialists.
- Advancing cooperation and information exchange among the many disciplines and organizations involved in wound care.
- Recognizing those who meet the eligibility requirements for certification.
- Encouraging continued professional growth and development of individuals and the field of wound management.
- Raising standards and elevating the importance of ethical behavior among practitioners and researchers, by requiring the Certified Wound Specialist® to adhere to a strict code of ethics and professional standards.

ABWM Administration

The board certification is sponsored by the American Board of Wound Management. For questions concerning eligibility, please contact us by:

Email: info@abwmcertified.org or Phone: 202/457-8408.

Certification Status

The ABWM shall grant Diplomate status to those individuals who successfully pass the National Board Certification Examination for Wound Management Physicians. Such Diplomates shall be referred to as a “Certified Wound Specialist Physicians of the ABWM” and shall be entitled to use the title Certified Wound Specialist Physician and the designation CWS® after their name.

Eligibility Requirements

To be eligible to sit for the CWSP examination, an applicant must be an MD, DO, DPM, and be a CWS® of the ABWM in good standing.

Candidates for Certified Wound Specialist Physician must meet all of the following criteria:

1. Completed application with all fields filled in with biographical information including social security number.
2. Provide a copy of your current CWS® Identification Card.
3. Read and sign the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.
4. Provide payment for the required application fee.
5. Complete the checklist form by initialing next to each application item.

All application materials must arrive at the ABWM at one time and in the same envelope. Candidates should allow a minimum of 15 business days for processing their application. Packets that arrive with materials missing will be returned delaying the application. FedEx and USPS certified mail are recommended. It is the sole responsibility of the candidate to ensure that all application materials arrive in the ABWM office.

Attainment of Certification, Renewal, and Re-certification

The application and required documentation will be reviewed for completeness and appropriateness by the Executive Director who will recommend to the ABWM Credentials Committee approval or denial of the candidate’s eligibility to sit for the National Board Certification Examination for the Certified Wound Specialist Physician. Those candidates who successfully complete the eligibility review and pass the written examination will be presented with the Certified Wound Specialist Physician (CWS®) credential. Candidates will be notified in writing directly by AMP of the examination results immediately upon completion of the examination.

Candidates successfully completing the requirements for certification shall be recognized as Certified Wound Specialist Physicians of the ABWM. A suitable certificate bearing the seal of the American Board of Wound Management shall be inscribed with the name of the candidate. New Diplomates will be mailed a Welcome Packet from the ABWM including a Welcome Letter, Press Release, Employer Advocacy Letter, CWS® Pin, and CWS® Patch.
A Certified Wound Specialist Physician shall be required to pay annual renewal fees to ABWM. All Certified Wound Specialist Physicians will not need to renew their CWSP® certification any longer an annual basis. A Certified Wound Specialist Physician must demonstrate a minimum of six (6) hours of continuing education per calendar year in the field of wound management. These hours can be achieved by attending live courses, participating online, through correspondence or by any continuing education organization. The submission of Continuing Education Units shall be made with the annual re-registration form. Continuing Education Units are subject to audit.

All certificates for certification in wound management shall carry a time limit of ten years for which the certificate is active. All Certified Wound Specialist Physicians shall be required to retake the CWSP examination every ten (10) years in order to maintain certification status and renew the certificate.

Revocation of Certification
Certification will be revoked for the following reasons:
1. Failure to renew within thirty (30) days of renewal date, pay appropriate fee and note continuing education taken.
2. Conviction for any offense which prohibits the practice of their profession in any state.
3. Falsification of any information in connection with the application for certification or related documents.
4. If the Certified Wound Specialist Physician has any administrative, civil, or criminal determination by a state licensing agency or other appropriate agency or court of jurisdiction that causes his/her license to be suspended or results in probation or other restrictions. If your license is suspended or revoked, you may no longer use the CWSP designation until your license is reinstated.
5. Failure to adhere to the ethical requirement of the ABWM.
6. Falsely advertising oneself as a Certified Wound Specialist Physician.
7. Advertising to the public in a false, deceptive, or misleading manner.
8. Revocation hearings and reinstatement policies of the ABWM are available upon request.

Fees

- CWSP First-time Application Fee ......................... $775.00
- CWSP Re-test Fee ............................................ $775.00
- CWSP Examination Reschedule Fee (One time only) ........................................ $0.00
- CWSP Examination Reschedule Fee (After first reschedule) .................................... $150.00
- CWSP Annual Renewal Fee ................................ $150.00
- CWSP 10-Year Re-certification Fee ....................... $775.00

Make check or money order payable to:
American Board of Wound Management

MasterCard, Visa, and American Express accepted
Re-testing Policies
Candidates who do not pass the examination are eligible to re-take the examination 90 days after the date of their last examination. Candidates must file a new ABWM CWSP Application and pay a $775 re-application fee each time they re-test. Any candidate who does not achieve a passing score after three (3) attempts must submit documentation of 30 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time.

Report of Results
Candidates will receive notification of their results from AMP immediately upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by AMP or ABWM under any circumstances.

Confidentiality
It is up to each candidate to notify an employer or others as to whether you have passed or failed the examination. Upon written inquiry, the ABWM will release information regarding the status of an individual’s certification only, withholding information regarding scores or if an individual took the examination.
I. Assessment & Diagnosis
A. Patient Assessment
1. History
   a. Medical
   b. Psychosocial
2. Physical
3. Lab Tests
4. Ancillary Tests
   a. Ankle Brachial Index
   b. TCPO2
5. Imaging
   a. MRI
   b. MRA
   c. Ultrasound
   d. Indium Scan
   e. X-ray
6. Differential Diagnosis
B. Wound Assessment
1. Wound Description
   a. Depth
   b. Periwound Appearance
   c. Drainage
   d. Tissue Types
      1. Exuberant Granulation
      2. Friable Granulation
      3. Significance of Changes
2. Etiology
   a. Arterial
   b. Venous
   c. Neoplastic
   d. Pressure
   e. Surgical
      1. Compartment Syndrome
      2. Wound Dehiscence
      3. Fistula
      4. Foreign Body
   f. Traumatic/Skin Tears
   g. Burns
      1. Thermal
      2. Chemical
      3. Mechanical
      4. Electrocution
      5. Parkland Formula/Fluid Resuscitation
   h. Bites
   i. Diabetic
   j. Neuropathic
   k. Infectious
      1. Osteomyelitis
      2. Necrotizing Fasciitis
      3. Abscess
      4. Sepsis
      5. Soft Tissue
l. Autoimmune
   1. Stephen Johnson
   2. Lupus Erythematosus
   3. Pyoderma Gangrenosum
m. Atypical
   1. Calciphylaxis
3. Classification
   a. Wagner
   b. University of Texas
   c. NPUAP
      1. Stages I-IV
      2. Unstageable
      3. Suspected Deep Tissue Injuries
   d. Rule of Nine
II. Pathophysiology of Wounds
A. Arterial
   1. Ischemic
   2. Embolic
   3. Vasculitis
B. Venous
   1. Deep Venous Thrombosis
   2. Phlebitis
   3. Venous Hypertension and Reflux
   4. Hemosiderin Deposit
   5. Fibrincuff
C. Pressure/Shearing
   1. Altered Sensorium/Sensation
   2. Altered Tissue Perfusion
D. Diabetic Neuropathic
E. Partial and Full Thickness Burns
F. Neoplastic
G. Autoimmune
H. Lymphedema
I. Normal Wound Physiology
J. Other
III. Treatment of Wounds
A. Wound Bed Preparation
   1. Debridement
   2. Environment
   3. Bioburden/Biofilms
   4. TIME Principle
B. Methods
   1. Electric Stimulation
   2. Acoustic Pressure Wound Therapy
   3. Negative Pressure Wound Therapy
   4. Hyperbaric Oxygen
   5. Growth Factors
   6. Compression Therapy
   7. Dressings
   8. Surgical Procedures
      a. Skin Grafts
      b. Flaps
      c. Amputation
      d. Excision
      e. Incision and Drainage
C. Pharmacology
   1. Pain Management
   2. Infection Management
      a. Systemic
      b. Topical
      c. Bites
      3. Antithrombotics
      4. Glycemic Control
      5. Adverse Effects
D. Complications
   1. Bleeding
   2. Allergic Reactions
   3. Adverse Events
      a. Systemic
      b. Local
   4. Scarring
   5. Death
E. Referral Criteria
   1. Burn Center
   2. Hyperbaric
   3. Endocrinology
   4. Surgical
   5. Infectious Disease
   6. Physical Medicine
IV. Wound Prevention

A. Risk Factors
   1. Addictions
      a. Nicotine
      b. Substance Abuse
   2. Obesity
   3. Diabetes
   4. Malnourishment
   5. Neurological Deficits
   6. Orthopedic Misalignment
   7. Unstable Scar
   8. Radiation Therapy
   9. Chronic Immunosuppression
  10. Psychological
  11. Socioeconomic
  12. Residual Limb

B. Pressure/Redistribution

C. Patient education
   1. Family
   2. Social Support
   3. Nutrition
   4. Patient Responsibility/
      Nonadherent Patient

D. Safety Precautions

V. Medical Compliance

A. Documentation Requirements
   1. Legal
   2. Reimbursement
   3. HIPAA
   4. Consent for Treatment
   5. CMS “Never” Events (POA)

B. Medicoethics
   1. Patient Competency
   2. Advance Directives
   3. Off Label Treatment
   4. Indigent Patients
   5. Treatment Choice
   6. Physician Compensation

C. Medicoeconomics
   1. Cost Consideration
   2. Levels of Care
      a. Acute
      b. Chronic
      c. Home

D. Evidence-Based Decision Making
Application Submission Checklist
Each of the following items needs to be included in your application packet. Once all documents have been collected, initial next to each item and include this form with your materials. Incomplete applications will be returned.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Completed and signed <strong>application</strong> with all fields filled in with biographical information including social security number.</td>
</tr>
<tr>
<td>2</td>
<td>Read the <strong>ABWM Code of Ethics</strong>, and sign the statement on the application form, affirming adherence to this code.</td>
</tr>
<tr>
<td>3</td>
<td><strong>Payment</strong> for the required fee.</td>
</tr>
<tr>
<td>4</td>
<td>Complete this <strong>checklist form</strong> by initialing next to each application item and including it with your application.</td>
</tr>
<tr>
<td>5</td>
<td>Copy of your current <strong>CWS® identification card</strong>.</td>
</tr>
</tbody>
</table>
Application for National Board Certification Examination
Certified Wound Specialist Physician

______________________________
Name

______________________________
Submission Date

______________________________
Social Security Number

Name and Credentials as you would like them to appear on your certificate

Mail to:
American Board of Wound Management
1155 15th Street, NW, Suite 500 • Washington, DC 20005
Tel: 202-457-8408 • Fax: 202-530-0659
E-mail: info@abwmcertified.org • www.abwmcertified.org
Application for National Board Certification Examination for Certified Wound Specialist Physician

1. Name __________________________________________ Maiden Name ______________________

2. Organization or employer/affiliation ________________________________________________________

3. Permanent mailing address _________________________________________________________________

   City __________________________________ State _____________ Zip ____________________________

4. Phone/Office ___________________________ Phone/Home ______________________

5. Fax ______________________________________ E-mail ________________________________

6. Professional title of position ______________________________________________________________

7. Discipline or specialty _________________________________________________________________

8. Education:

   Highest Degree __________________ Year Awarded _______ Institution __________________________

   Highest Degree __________________ Year Awarded _______ Institution __________________________

   Highest Degree __________________ Year Awarded _______ Institution __________________________

9. 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 __________________________________________________________

10. 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 ____________________

11. Are you Board certified by another organization? ☐ Yes ☐ No

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

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

12. 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.

13. Professional memberships:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

14. From time to time, the ABWM 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
I hereby apply to the American Board of Wound Management (the “ABWM”) for examination and issuance to me of certification as a Certified Wound Specialist Physician (“CWSP”) in accordance with and subject to the procedures and regulations of the ABWM. I have read and agree to the conditions set forth in the ABWM’s Handbook for Candidates covering eligibility, the administration of the Certification Examination; the certification process; and ABWM’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 ABWM 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 ABWM 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 ABWM 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 ABWM 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 ABWM 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 ABWM, 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 ABWM, 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 ABWM AND THAT THE DECISIONS OF THE ABWM ARE FINAL.

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

Check all that apply.

Certified Wound Specialist Physician Examination – CWSP

☐ Registration examination fee $775.00
☐ Examination re-test fee: $775.00
☐ Other ________________ (fill in): $______

Total: $______

Payment

☐ Check or money order enclosed, payable to:
  American Board of Wound Management

☐ Please charge my credit card:
  ☐ VISA ☐ MasterCard ☐ American Express

  Account Number

  Expiration Date Security Code

  Cardholder Name

  Cardholder Billing Address

  Signature

Internal use only

Date Received:  Account Number:  Invoice Number:

Mail to:

American Board of Wound Management
1155 15th Street, NW, Suite 500  •  Washington, DC 20005
Tel: 202-457-8408  •  Fax: 202-530-0659
E-mail: info@abwmcertified.org  •  www.abwmcertified.org
The American Board of Wound Management acknowledges the diversity of etiologies and associated problems that patients with chronic non-healing wounds endure. The American Board of Wound Management therefore supports the interdisciplinary commitment, which professionals from a variety of disciplines, can make to the field of wound management. The conduct of individuals certified by the American Board of Wound Management shall be consistent with all applicable local, state, and federal regulations, and with codes of conduct as established by the certified individual’s primary discipline. Additionally, individuals who are certified by the American Board of Wound Management shall be committed to increasing their knowledge of the mechanisms of wound healing, tissue repair, and modalities to effectively treat indolent wounds. It is part of the mission of The American Board of Wound Management to safeguard the health and welfare of patients who seek the services of Certified individuals.

a. Responsibility
All Certified practitioners must be responsible to determine that standards are applied evenly and fairly to all individuals who receive services. Certified individuals shall provide accurate documentation and timely feedback to members of the team, and other interested parties in order to assure coordinated, managed care. All reports will be objective and based upon an independent professional opinion within the Certified individual’s expertise. Certified individuals will provide only those services for which the individual is competent and qualified to perform. Certified individuals will refrain from providing services, which are counter to the ethical standard of their discipline.

b. Professional Conduct by Specialty
Certified individuals are obligated to maintain their education and competency such that it confirms to the standard of conduct both to the individual’s community, practice and discipline. Wound management is a coordinated multidisciplinary and interdisciplinary effort. Certified individuals will conduct their professional behavior so that it facilitates the services of all team members for maximum benefit of the patient.

c. Education, Training and Competence
Certified providers shall maintain high moral values, ethics, and professional competence. They shall recognize the limits of their skills and license. They shall offer services consistent with the standard of their profession. Certified individuals have an obligation to accurately represent and disclose their training education, and experience to the public. Certified providers shall engage in continuing education. Certified providers recognize that the field of wound management is developing rapidly and shall be open to evaluate and consider new products and approaches to wound management. Certified providers should refrain from any activity which may result in harm to a patient without first considering alternatives to such an approach, seeking services which may achieve the same benefit without the associated risk, obtain consultations from other providers, and inform the patient of any risk inherent to any procedure or approach.

d. Confidentiality
Certified providers are obligated to safeguard information obtained in the course of their involvement with a patient. Information may be released with a patient’s permission; and circumstances where there is a clear and imminent danger to the patient, or others, and where required by court or subpoena. The patient has the privilege to the extent feasible and practical, and those cases where there would be no legal or clinical contraindications, to see their chart when this can be arranged at a mutually convenient time.

e. Business Procedures
Certified providers will abide by all prevailing community standards. They will adhere to all federal, state and local laws regulating business practice. Competitive advertising must be honest, actual and accurate. Such advertising shall avoid exaggerated claims. Certified providers will not enter into any arrangement where fees are exchanged that would be likely to create conflict of interest or influence their opinion about service rendered. Certified providers shall engage in behavior which conforms to high standards of moral, ethical and legal behavior. Certified providers will not engage in sexual contact with patients.

f. Research
Certified providers are encouraged to engage in research. In doing so, they shall have the safety of their subjects as a priority. Investigation shall be consistent with the traditions and practices of the certified individual’s discipline.
Test Agency

Applied Measurement Professionals, Inc. (AMP) is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP assists ABWM in the development, administration, scoring and analysis of the Certified Wound Care Associate® (CWCA®), Certified Wound Specialist® (CWS®) and Certified Wound Specialist Physician (CWSP) examinations. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

Nondiscrimination Policy

AMP does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

Examination Administration

Examinations are delivered by computer at over 170 AMP Assessment Centers located throughout the United States. The examination is administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. Saturday appointments may be scheduled based on availability. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

Assessment Center Locations

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP’s website located at www.goAMP.com. Specific address information will be provided when you schedule an examination appointment.

Scheduling an Examination

You will receive a postcard and e-mail with instructions on how to schedule your examination. Make sure that your name and address are listed correctly and that you’ve been registered for the correct examination. If not, please call ABWM at 202/457-8408. You will have up to six (6) months to schedule and attempt your examination.

Once you have received instructions from AMP, there are two (2) ways to schedule your examination:

1. **Online Scheduling:** Go to www.goAMP.com at any time and select “Candidates.”

   Follow the simple, step-by-step instructions to choose your examination and register for the examination.

   OR

2. **Telephone Scheduling:** Call AMP at 888/519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday.

   Depending on availability, your examination may be scheduled beginning on:

<table>
<thead>
<tr>
<th>If you contact AMP by 3:00 p.m. Central Time on...</th>
<th>Depending on availability, your examination may be scheduled beginning...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Friday/Saturday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>

When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your Social Security number. When you call or go online to schedule your examination appointment, you will be notified of the time to report to the Assessment Center and if an e-mail address is provided you will be sent an e-mail confirmation notice.

If special accommodations are being requested, complete the Request for Special Examination Accommodations form included in this handbook and submit it to AMP at least 45 days prior to the desired examination date.

Rescheduling an Examination

You may reschedule your appointment ONCE at no charge by calling AMP at 888/519-9901 at least 2 days prior to your scheduled appointment. The following schedule applies:

<table>
<thead>
<tr>
<th>If your Examination is scheduled on...</th>
<th>You must contact AMP by 3:00 p.m. Central Time to reschedule the examination by the previous...</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>Wednesday</td>
</tr>
<tr>
<td>Tuesday</td>
<td>Thursday</td>
</tr>
<tr>
<td>Wednesday</td>
<td>Friday</td>
</tr>
<tr>
<td>Thursday</td>
<td>Monday</td>
</tr>
<tr>
<td>Friday/Saturday</td>
<td>Tuesday</td>
</tr>
</tbody>
</table>
Missed Appointment and Cancellations
You will forfeit your examination registration and all fees paid to take
the examination under the following circumstances. A new, com-
plete application and examination fee are required to reapply for
examination.
• You cancel your examination after confirmation of eligibility is
received.
• You wish to reschedule an examination but fail to contact AMP at
least two business days prior to the scheduled testing session.
• You wish to reschedule a second time.
• You appear more than 15 minutes late for an examination.
• You fail to report for an examination appointment.

Holidays
Examinations will not be offered on the following holidays:
New Year’s Day
Martin Luther King Jr. Day
President’s Day
Good Friday
Memorial Day
Independence Day
Labor Day
Columbus Day
Veteran’s Day
Thanksgiving Holiday
Christmas Holiday
New Year’s Holiday

Special Arrangements for Candidates with Disabilities
AMP complies with the Americans with Disabilities Act and strives to
ensure that no individual with a disability as defined by the ADA as a
person who has a physical or mental impairment that substantially
limits one or more major life activities, a person who has a history or
record of such an impairment, or a person who is perceived by others
as having such an impairment is deprived of the opportunity to take
the examination solely by reason of that disability. AMP will provide
reasonable accommodations for candidates with disabilities. Candi-
dates requesting special accommodations must call AMP at 888/519-
9901 to schedule their examination.

1. Wheelchair access is available at all established Assessment Cen-
ters. Candidates must advise AMP at the time of scheduling that
wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities
that would prevent them from taking the examination under
standard conditions may request special accommodations and
arrangements and will be reviewed by AMP.

Verification of the disability and a statement of the specific type of
assistance needed must be made in writing to AMP at least 45 cal-
endar days prior to your desired examination date by completing the
Request for Special Examination Accommodations form. AMP will
review the submitted forms and will contact you regarding the deci-
sion for accommodations.

Telecommunication Devices for the Deaf
AMP is equipped with Telecommunication Devices for the Deaf (TDD)
to assist deaf and hearing-impaired candidates. TDD calling is avail-
able 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-
4637. This TDD phone option is for individuals equipped with compat-
ible TDD machinery.

Inclement Weather, Power Failure or Emergency
In the event of inclement weather or unforeseen emergencies on the
day of an examination, AMP will determine whether circumstances
warrant the cancellation, and subsequent rescheduling, of an exami-
nation. The examination will usually not be rescheduled if the Assess-
ment Center personnel are able to open the Assessment Center.

You may visit AMP’s website at www.goAMP.com prior to the exami-
nation to determine if AMP has been advised that any Assessment
Centers are closed. Every attempt is made to administer the examina-
tion as scheduled; however, should an examination be canceled at an
Assessment Center, all scheduled candidates will receive notification
following the examination regarding rescheduling or reapplication
procedures.

If power to an Assessment Center is temporarily interrupted during
an administration, your examination will be restarted. The responses
provided up to the point of interruption will be intact, but for security
reasons the questions will be scrambled.

Taking the Examination
Your examination will be given by computer at an AMP Assessment
Center. You do not need any computer experience or typing skills to
take your examination. On the day of your examination appointment,
report to the Assessment Center no later than your scheduled testing
time. IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED
TESTING TIME, YOU WILL NOT BE ADMITTED.

Identification
Once you arrive at the location, look for signs indicating AMP Assess-
ment Center check-in. To gain admission to the assessment center,
you must present two (2) forms of identification, one with a current
photograph. Both forms of identification must be current and include
your current name and signature. You will also be required to sign a
roster for verification of identity.

You MUST bring one of the following: driver’s license with photo-
graph; state identification card with photograph; passport; military
identification card with photograph.

The second form of identification must display your name and sig-
nature for signature verification (e.g., credit card with signature,
social security card with signature, employment/student ID card with
signature).

If your name on these documents is different than it appears on your
identification, you must bring proof of your name change (e.g., mar-
riage license, divorce decree or court order).
Security

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, Personal Digital Assistants (PDAs), pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings

No personal items, valuables, or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Coats must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats

Once you have placed everything into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If all personal items will not fit in the soft locker you will not be able to test. The site will not store any personal belongings.

If any personal items are observed in the testing room after the examination is started, you will be dismissed the administration will be forfeited.

Examination Restrictions

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.

Eating, drinking or smoking will not be permitted in the Assessment Center.

You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones, PDAs;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

Copyrighted Examination Questions

All examination questions are the copyrighted property of ABWM. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

Computer Login

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

Practice Examination

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at http://store.lxr.com and follow the instructions to access a Sample Web Test.
Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the “Time” box in the lower menu bar on the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

Candidate Comments

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

Following the Examination

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive an examination completion report.

Scores Cancelled by ABWM or AMP

AMP is responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. ABWM and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

Failing to Report for an Examination

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

Duplicate Score Report

You may purchase additional copies of your results at a cost of $25 per copy. Requests must be submitted to AMP in writing. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier’s check. Duplicate score reports will be mailed within approximately five (5) business days after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations 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 treated with strict confidentiality.

Candidate Information

Candidate ID # ______________________ Requested Assessment Center: ______________________

Name (Last, First, Middle Initial, Former Name)

Mailing Address

City State Zip Code

Daytime Telephone Number

Special Accommodations

I request special accommodations for the ____________________________ examination.

Please provide (check all that apply):

_____ Reader
_____ Extended testing time (time and a half)
_____ Reduced distraction environment
_____ Please specify below if other special accommodations are needed.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

Comments:

____________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

Signature: _____________________________________________ Date: __________________________

Mail or fax this form to AMP at:

Examination Services, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax 913/895-4650.

If you have questions, call the Candidate Support Center at 888/519-9901.
Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required accommodations.

**Professional Documentation**

I have known ______________________________________________________ since _____ / _____ / _____ in my capacity as a

Candidate Name

Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

**Description of Disability:**

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Signed:______________________________________  Title: ________________________________

Printed Name: ________________________________

Address:  ______________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Telephone Number: ____________________________  E-mail Address: ____________________________

Date: ________________________________________  License # (if applicable): ________________________

---

Mail or fax this form to AMP at:

Examination Services, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, Fax 913/895-4650. If you have questions, call the Candidate Support Center at 888/519-9901.