

American Board of Wound Management  
Board Certification



American Board of  
Wound Management

**Handbook for Candidates**

Certified Wound Care Associate®

## 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 interdisciplinary 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 etiologies.

The Board of Directors 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.

Exams offered by the ABWM are national accredited by the NCCA. The National Commission of Certifying Agencies (NCCA) accredited programs certify individuals in a wide range of professions and occupations. To date, NCCA has accredited approximately 330 programs from more than 130 organizations. Accreditation for professional or personnel certification programs provides impartial, third-party validation that your program has met recognized national and international credentialing industry standards for development, implementation, and maintenance of certification programs.

The Institute for Credentialing Experience, or ICE, is a professional membership association that provides education, networking, and other resources for organizations and individuals who work in and serve the credentialing industry. ICE is a leading developer of standards for both certification and certificate programs and it is both a provider of and a clearing house for information on trends in certification, test development and delivery, assessment-based certificate programs, and other information relevant to the credentialing community.

## 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  
1800 M St. NW, 400S  
Washington, DC 20036  
Phone: 202-457-8408  
Fax: 202-530-0659  
Website: [www.abwmcertified.org](http://www.abwmcertified.org)  
Email: [info@abwmcertified.org](mailto:info@abwmcertified.org)

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

PSI  
18000 W. 105<sup>th</sup> St.  
Olathe, KS 66061-7543  
Phone: 913-895-4600  
Fax: 913-895-4650  
Website: [www.goAMP.com](http://www.goAMP.com)

## Table of Contents

ABOUT THE CERTIFIED WOUND CARE ASSOCIATE® (CWCA®) . . . . .	2	Nondiscrimination Policy . . . . .	14
Objectives of Board Certification . . . . .	2	Examination Administration . . . . .	14
ABWM Administration . . . . .	2	Test Center Locations . . . . .	14
Certification Status . . . . .	2	Scheduling an Examination . . . . .	14
Eligibility Requirements . . . . .	2	Rescheduling an Examination . . . . .	14
Attainment of Certification, Renewal, and Re-certification . . . . .	3	Missed Appointment and Forfeitures . . . . .	15
Revocation of Certification . . . . .	3	Special Arrangements for Candidates with Disabilities . . . . .	15
Fees . . . . .	3	Inclement Weather, Power Failure or Emergency . . . . .	15
Grievance Procedures . . . . .	3	Taking the Examination . . . . .	15
Review Material . . . . .	3	Identification . . . . .	15
Examination . . . . .	3	Security . . . . .	16
Time Allocation for the Examination . . . . .	4	Personal Belongings . . . . .	16
Admission to Testing . . . . .	4	Examination Restrictions . . . . .	16
Re-testing Policies . . . . .	4	Misconduct . . . . .	16
Appeals Policy . . . . .	4	Copyrighted Examination Questions . . . . .	16
Report of Results . . . . .	4	Computer Login . . . . .	16
Confidentiality . . . . .	4	Practice Examination . . . . .	16
CWCA Content Outline . . . . .	5	Timed Examination . . . . .	17
Sample Questions . . . . .	6	Candidate Comments . . . . .	17
Application Submission Checklist . . . . .	7	Following the Examination . . . . .	17
Payment of Fees . . . . .	8	Scores Cancelled by ABWM or PSI . . . . .	17
CWCA Application . . . . .	9	Failing to Report for an Examination . . . . .	17
Code of Ethics . . . . .	11	Duplicate Score Report . . . . .	17
Request Letter of Reference . . . . .	13	Request for Special Examination Accommodations . . . . .	18
Testing Agency . . . . .	14	Documentation of Disability-Related Needs . . . . .	19

## ABOUT THE CERTIFIED WOUND CARE ASSOCIATE® (CWCA®)

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](mailto: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 LPNs, LVNs, PTAs, all certified healthcare assistants, healthcare administrators, dietitians, sales and marketing professionals, and academic researchers. Candidates with a professional license applying for ABWM exams must possess a full and unrestricted professional license in at least one state and in all states in which the candidate currently practices.

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 personal statement with 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 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 10 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 PSI 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 renewal 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.

## Fees\*\*

CWCA First-time Application Fee . . . . .	\$375.00
CWCA Re-test Fee . . . . .	\$150.00
CWCA Examination Reschedule Fee (First time only) . . . . .	\$0.00
CWCA Examination Reschedule Fee (After first reschedule) . . . . .	\$150.00
CWCA Annual Renewal Fee . . . . .	\$150.00
CWCA 10-Year Re-certification Fee . . . . .	\$375.00

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

MasterCard, Visa, and American Express accepted

\* Re-test, recertification, and reschedule forms can be found at <http://www.abwmcertified.org/forms/>.

\*\* Certification fees for all approved applications and annual renewals are nonrefundable.

## 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 Appeals Committee, along with any applicable documentation. The grievance will be reviewed by the Appeals Committee, 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

The CWCA examination is based on a job analysis (also known as a practice analysis or role delineation study) that is conducted periodically to determine the job content elements that are related to effective job performance. The results of this study are used to develop the content outline for each examination, and all versions of the examinations correspond to these specifications. More information about the job analysis is available at [www.abwmcertified.org](http://www.abwmcertified.org).

An interdisciplinary team of CWCA’s and supervised by the ABWM Examination Chair and PSI 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 PSI, and Examination Committee members do not have copies of notes from these committee meetings. PSI also runs statistical analysis on each examination and examination items to validate their effectiveness as examination questions.

The examination consists of 120 multiple-choice items (questions), 100 of which are used to compute candidates’ scores. The examination includes 20 non-scored ‘pretest’ items that are interspersed throughout the examination. Pretesting is a common practice for

certification examinations, which allows for evaluation of the items prior to using them for scoring. Performance on the pretest items does not affect your score. The examination covers five subject areas as described in the Content Outline (page 5).

## Time Allocation for the Examination

Candidates are allowed up to two and a half (2.5) hours to answer 120 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 PSI of the following:

- **IF ELIGIBLE:** You will receive a notice from PSI within 15 business days of the receipt of your completed application.
- **IF NOT ELIGIBLE:** Your certification fee, less a \$100 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 PSI by calling 888-519-9901.

## Re-testing Policies

Candidates who do not pass the examination are eligible to re-take it 30 days after the date of their last examination, and up to two years after the date of their first examination. Candidates must file an ABWM Re-test Application and pay a \$150 re-application fee each time they re-test. Those who do not re-test within two years of their first examination must re-submit the application and examination fee in full. Any candidate who does not achieve a passing score after three attempts must submit documentation of 20 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time. The continuing education hours must be completed after the date of the candidate's last failed examination. An additional 20 hours of continuing education will be required for each additional attempt after a candidate's third failed examination.

## Appeals Policy

NO APPEAL may be taken from an adverse decision based on an individual's receipt of a failing grade on an ABWM examination absent extraordinary circumstances, as determined solely by the ABWM. A full outline of the appeals process for adverse decisions affecting certification as a CWCA, CWS, or CWSP is available in the Forms section of [www.abwmcertified.org](http://www.abwmcertified.org). The following adverse decisions affecting

eligibility or certification by the American Board of Wound Management are subject to appeal: adverse administrative decisions, adverse substantive decisions, adverse disciplinary decisions. Any request for review must be postmarked within 30 calendar days of the notice of adverse decision.

## Report of Results

Candidates will receive notification of their results from PSI at the test center upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by PSI or ABWM under any circumstances.

Your score report will show the total number of correct answers you provided, and the number of correct answers required to pass. The methodology used to set the minimum passing score for each examination is a criterion-referenced method known as the Angoff technique, established through a passing point study by a panel of content experts. The experts evaluated each question on the respective examination to determine how many correct answers are necessary to demonstrate the knowledge required for the designation. The candidate's ability to pass the examination depends on the knowledge displayed during the examination, not on the performance of other candidates. As new forms of the examinations are introduced, changes may cause one form of the examination to be slightly easier or harder than another form. To adjust for these differences in difficulty, a procedure called "equating" is used. The goal of equating is to ensure fairness to all candidates.

The content area scores on the score report are not used to determine pass-fail decision outcomes. They are only provided to offer a general indication regarding your performance in each content area. The examination is designed to provide a consistent and precise determination of a your overall performance and is not designed to provide complete information regarding your performance in each content area. You should remember that areas with a larger number of items (questions) will affect the overall score more than areas with a fewer number of items. The precision and consistency of scores diminishes with fewer items, and therefore, sub-scores should be interpreted with caution, especially those that correspond to content areas with very few items.

## 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**

**1. Wound Healing Environment (21 items)**

- A. Anatomy and Physiology
  - 1. Integumentary
  - 2. Musculoskeletal
  - 3. Vascular
  - 4. Neurological
  - 5. Lymphatic
- B. Wound Healing
  - 1. Phases
  - 2. Cell function (e.g., signaling proteins, cellular mediators)
  - 3. Acute vs. chronic

**2. Assessment and Diagnosis (22 items)**

- A. History
- B. Physical examination
- C. Wound and skin assessment
- D. Pain assessment
- E. Risk assessment
- F. Functional assessment
- G. Laboratory/Imaging
- H. Nutrition

**3. Patient Management (26 items)**

- A. Wound bed preparation/debridement
- B. Dressings
- C. Topical agents
- D. Complications in healing (including local and systemic factors)
- E. Nutrition
- F. Compression therapy
- G. Negative pressure wound therapy
- H. Pressure redistribution (i.e., offloading)
- I. Biophysical technologies
  - 1. Electrical stimulation
  - 2. Ultrasound
- J. Hyperbaric oxygen therapy
- K. Surgical closure or tissue transfer
- L. Cellular and/or tissue products for wounds

**4. Etiological Considerations (21 items)**

- A. Neuropathy
- B. Diabetes
- C. Venous insufficiency
- D. Ischemia
- E. Pressure ulcers
- F. Lymphedema
- G. Trauma
- H. Surgical
- I. Atypical wounds (e.g., malignancy)
- J. Dermatological
- K. Infectious
- L. Burns
- M. Edema (i.e., systemic vs. local)
- N. Pediatric issues

**5. Professional Issues (10 items)**

- A. Documentation
- B. Patient adherence
- C. Legal concepts
- D. Reimbursement and medical economics
- E. Medical ethics (e.g., palliative care, reasonable expectation of outcomes)
- F. Multidisciplinary teams
- G. Epidemiology
- H. Evidence-based practice and research

*In addition to classifying by topic (above) items will be classified by task. Tasks that are eligible for assessment include:*

**Patient Preparation Tasks**

- A1 Perform safe patient handling techniques
- A2 Assist in obtaining health and medication history
- A3 Obtain recent nutritional history and needs
- A4 Take and monitor vital signs
- A5 Prepare and/or photograph the wound
- A6 Assist with ensuring aseptic or sterile techniques
- A7 Set up equipment for procedures
- A8 Prepare wound for procedures (e.g., cleansing, removing dressings)
- A9 Ensure proper cleaning of examination rooms between patients

**Patient Assessment Tasks**

*Assess, or assist with assessing:*

- A10 blood flow (e.g., perform Doppler, check pulses, ABI)
- A11 for risk of pressure ulcer development
- A12 level of pain
- A13 edema (e.g., limb circumference, volume)
- A14 functional status
- A15 skin (e.g., for color, swelling, and temperature)
- A16 wound and periwound characteristics (e.g., stage, tissue type)
- A17 sensory function (e.g., monofilament testing, vibration testing)
- A18 Identify psychosocial barriers (e.g., cognitive, financial)
- A19 Identify and measure wound tunneling and/or undermining
- A20 Measure wound dimensions – length, width, depth
- A21 Measure the wound using digital methods

**Treatment Tasks**

*Apply and/or remove:*

- A22 dressings
- A23 compression wraps and stockings
- A24 barrier products
- A25 staples or sutures
- A26 offloading systems

*Assist with:*

- A27 application of cellular and/or tissue products
- A28 wound biopsy

*Assist with or perform:*

- A29 negative pressure wound therapy application and removal
- A30 debridement
- A31 culture/aspiration
- A32 wound irrigation or cleansing
- A33 biophysical technologies

**Education Tasks**

*Provide education or demonstrate an understanding of:*

- A34 Offloading and/or pressure relief
- A35 Wound care rationale
- A36 Therapeutic interventions (e.g., dressings, wound products, negative pressure, compression systems)
- A37 Medications
- A38 Lifestyle changes (e.g., smoking cessation, diet, nutrition)
- A39 Disease process
- A40 Diagnostic testing
- A41 Skin care
- A42 Pain management
- A43 Universal precautions
- A44 Positioning and mobility

**Administration Tasks**

- A45 Document patient information (e.g., medications, progress, billing, photographs)
- A46 Coordinate wound care with supervisor and other team members
- A47 Order and maintain equipment and supplies
- A48 Disinfect equipment
- A49 Follow confidentiality and security regulations
- A50 Read current literature on wound care trends
- A51 Recognize strength of evidence related to research
- A52 Recognize aspects of research methodology
- A53 Adhere to professional ethical guidelines

## Sample Questions

The American Board of Wound Management National Board Certification Examination for Certified Wound Care Associate consists of four subject areas with sample questions from each of the areas listed below.

Some items might be linked to a scenario.

1. When applying an enzymatic debriding ointment to a wound presenting with 50% red tissue and 50% yellow/brown tissue, the ointment should be applied to the
  - A. yellow/brown tissue only.
  - B. entire wound surface only.
  - C. dressings and then placed over the wound.
  - D. entire wound surface with slight margin overlap.

Answer: B  
Content Category: 3

2. The primary way for patients with diabetes to avoid development of a wound is to
  - A. inspect feet daily.
  - B. elevate extremities.
  - C. control blood glucose.
  - D. increase protein intake.

Answer: A  
Content Category: 4

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.

Answer: D  
Content Category: 2

4. 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. Myofibroblasts begin migration during the remodeling phase.

Answer: C  
Content Category: 1

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

Answer: B  
Content Category: 3



### 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. *Please do not use staples or sheet protectors in your application materials.*

1) Complete this **checklist form** by initialing next to each application item and including it with your application.

Initials: \_\_\_\_\_

2) Completed application cover page (page 9 of application).

Initials: \_\_\_\_\_

3) **Payment** for the required fee. I understand the payment for an approved application is nonrefundable.

Initials: \_\_\_\_\_

4) Completed and signed (page 12) **application** with all fields filled in with biographical information including social security number.

Initials: \_\_\_\_\_

5) By initialing here, I acknowledge and accept that I have read and agree to abide by the ABWM Code of Ethics on page 11.

Initials: \_\_\_\_\_

6) Provide a professional **resume** or **curriculum vitae**. Limit: Five (5) pages.

Initials: \_\_\_\_\_

7) Provide a personal statement with a detailed **description of 3 years** of wound care experience.

Initials: \_\_\_\_\_

8) Copies or online printouts of professional licenses and board certifications, as applicable.

Initials: \_\_\_\_\_

9) **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. Letters may be written by any medical professional who can attest to the candidate’s wound care knowledge and skills. Identical or form letters will not be accepted.

Initials: \_\_\_\_\_

### Payment of Fees

*Check all that apply.*

**Certified Wound Care Associate Examination – CWCA**

- Registration examination fee \$375.00
- Total: \$375.00**

\*Payments are nonrefundable for approved applications.

\*\*Payments are processed upon receipt. A processed payment is not confirmation of an approved application.

\*\*\*\$100 processing fee on any incomplete, ineligible, or returned applications.

**Payment**

- Check or money order enclosed, payable to:  
**American Board of Wound Management**
- Please charge \$375 to my credit card:  
  - VISA     MasterCard     American Express

\_\_\_\_\_

Account Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Code

\_\_\_\_\_

Cardholder Name

\_\_\_\_\_

Cardholder Billing Address

\_\_\_\_\_

Signature

**Mail to:**



**American Board of Wound Management**  
 1800 M St. NW, 400S • Washington, DC 20036  
 Tel: 202-457-8408 • Fax: 202-530-0659  
 Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)

**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

Please check off which applies to you:

- CNA – Certified Nursing Assistant
- EDUC – Educator
- LPN – Licensed Practical Nurse or Licensed Vocational Nurse
- MEDTECH – Medical Technician or Assistant
- OTHER – Other Healthcare Professional
- PTA – Physical Therapist Assistant
- RD – Registered Dietitian
- RES – Researcher
- SMKT – Sales & Marketing

**Mail to:**



**American Board of Wound Management**  
**1800 M St. NW, 400S • Washington, DC 20036**  
**Tel: 202-457-8408 • Fax: 202-530-0659**  
**Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)**

Application for National Board Certification Examination for Certified Wound Care Associate

1. Name \_\_\_\_\_

2. Organization or employer/affiliation \_\_\_\_\_

3. Your permanent mailing address \_\_\_\_\_  
 \*\*If using a P.O. Box address, please provide an alternate street address in addition.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. Phone: Work \_\_\_\_\_ Phone: Home/Cell \_\_\_\_\_  
 \*Work phone number will be listed in our online Find a Specialist Directory upon passing the certification examination.

5. Fax \_\_\_\_\_ Email \_\_\_\_\_

6. Professional title of position \_\_\_\_\_

7. Education:  
 Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_  
 Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_  
 Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

8. Professional work experience beginning with the most recent (please attach a copy of your resume/curriculum vitae):  
**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_  
 Address \_\_\_\_\_

9. Current License (attach a copy or online printout of each):  
 License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

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

11. ALL OF THE FOLLOWING QUESTIONS MUST BE ANSWERED. If any of the questions are answered Yes, provide the details below and provide documentation to ABWM Executive Director Chris Murphy as soon as possible. Your application will not be processed until all information has been submitted.

1. Have you ever been denied licensure by any state?  Yes  No
  - (a) Has any state ever denied, restricted, suspended, or revoked your license, or placed your license on probation?  Yes  No
  - (b) Has your license to practice ever been limited in any way by a licensing agency, or a hospital or other healthcare facility in which you have been allowed to practice?  Yes  No
  - (c) Have you ever voluntarily surrendered your license during the course of a disciplinary investigation?  Yes  No
  - (d) Is your license the subject of a pending action or investigation?  Yes  No
2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges?  Yes  No
3. Are you currently under indictment for or been convicted of a felony?  Yes  No

FAILURE TO ANSWER THIS QUESTION FULLY AND TRUTHFULLY WILL MAKE YOU INELIGIBLE TO SIT FOR THE EXAMINATION. YOU HEREBY AGREE THAT IF ABWM DETERMINES AFTER AT ANY TIME THAT YOU HAVE NOT ANSWERED THIS QUESTION FULLY AND TRUTHFULLY, ABWM MAY REVOKE ANY CERTIFICATION THAT YOU HAVE BEEN GRANTED AND MAY BAR YOU FROM TAKING FUTURE CERTIFICATION EXAMINATIONS FOR SUCH PERIOD AS ABWM DEEMS JUST.

12. Professional memberships: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. 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 \_\_\_\_\_

## Code of Ethics

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 conforms 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.

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 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, 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.

I HAVE READ AND AGREE TO ABIDE BY THE ABWM CODE OF ETHICS ON PAGE 11.

\_\_\_\_\_  
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 Care Associate (CWCA).

No emailed or faxed copies of letters. Letters must be a signed and dated original, that is dated within six months of application submission. Letters older than six months, as well as identical/form letters, will not be accepted.

Should you have any questions, please contact the candidate directly, or contact the ABWM office at [info@abwmcertified.org](mailto: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 no earlier than six (6) months prior to the date of the candidate’s application submission. Out of date references will not be accepted.
- 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.
- Be non-form letters.





## Testing Agency

PSI Services is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. PSI 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. PSI is a leader in the testing industry, offering certification, licensing, talent assessment and academic solutions worldwide.

## Nondiscrimination Policy

PSI and the ABWM do 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 approximately 300 PSI Test Centers located throughout the United States. The examination is administered by appointment only Monday through Friday. Appointment starting times may vary by location. 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.

## Test Center Locations

PSI Test Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of PSI Test Centers, including addresses and driving directions, may be viewed at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when you schedule an examination appointment.

## Scheduling an Examination

You will receive a postcard and email 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 three (3) months to schedule and attempt your examination.

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

1. **Online Scheduling:** Go to [www.goAMP.com](http://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 PSI 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.

If you contact PSI by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

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 Test Center, and if an email address is provided you will be sent an email confirmation notice.

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

## Rescheduling an Examination

You may reschedule your appointment ONCE at no charge by calling PSI at 888-519-9901 at least two (2) business days prior to your scheduled appointment. The following schedule applies.

If your Examination is scheduled on...	You must contact PSI by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

## Missed Appointment and Forfeitures

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete 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 PSI 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.

## Special Arrangements for Candidates with Disabilities

The ABWM and PSI comply 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. PSI will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call PSI at 888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Test Centers. Candidates must advise PSI 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 PSI.

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

## Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

You may visit [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to a Test 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 a PSI Test 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 Test 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 PSI Test Center check-in. To gain admission to the Test Center, you must present two (2) forms of identification. The primary form must be government issued, current and include your name, signature and photograph. Temporary ID is not accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

You must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

## Security

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test 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, 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 Test Center. Only wallets and keys are permitted. Large coats and jackets 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. The proctor will lock the soft locker prior to you entering 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
- wallets
- keys

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

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and 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 Test 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 Test 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;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Test 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. Your photograph, taken before beginning the examination, 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.

## 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 typing A, B, C, or D 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. 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 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. 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, you may make comments 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 answer 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 PSI

PSI 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 PSI 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 PSI 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 PSI Services Inc. 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 provide the Documentation of Disability-Related Needs on the next page and submit it with your application at least 45 days prior to your requested examination date.** 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 Test Center: \_\_\_\_\_

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Telephone Number Email Address

### 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 PSI staff my records and history as they relate to the requested accommodation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to:  
PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax: 913-895-4650  
If you have questions, call Candidate Services at 888-519-9901.



## Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI 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 Request for Special Examination Accommodations form.

Description of Disability: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

**Return this form to:**  
**PSI, 18000 W. 105th St., Olathe, KS 66061-7543, Fax: 913-895-4650**  
**If you have questions, call Candidate Services at 888-519-9901.**





