

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 that 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 clinical wound care experience and direct patient care.

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: _____

**If you are a current CWCA, items 7 – 9 may be substituted with a copy of your current CWCA Identification Card.*

Payment of Fees

Check all that apply.

Certified Wound Specialist Examination – CWS

- Registration examination fee \$575.00
- Total:** \$575.00

*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 \$575 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 • www.abwmcertified.org

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

Please check off which applies to you:

- DO – Doctor of Osteopathy
- DPM – Doctor of Podiatric Medicine
- DVM – Doctor of Veterinary Medicine
- MD – Doctor of Medicine
- NP – Nurse Practitioner
- PA – Physician Assistant
- PT – Physical Therapist
- RD – Registered Dietitian
- RN – Registered Nurse

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 • www.abwmcertified.org

Application for National Board Certification Examination for Certified Wound Specialist

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 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.

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 Specialist (CWS).

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 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, or 1-year fellowship.
- Be dated and signed.
- Be non-form letters.

