

WORK EXPERIENCE VERIFICATION

To be completed ONLY if you are NOT CURRENTLY Wound Care Certified

Complete the following section(s) to document required 2 YEARS full-time or 4 YEARS part-time within the past 5 years of active involvement in wound care, or in management, education or research directly related to wound care.

Name: (Please Print) _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ Current Employer
 Full Time Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ Current Employer
 Full Time Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ Current Employer
 Full Time Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ Current Employer
 Full Time Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ Current Employer
 Full Time Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____