Skin & Wound Management Certification Course
Registration and Course Information

Instructions:

1. Complete and print out the attached application form.
2. Important - Items 1-12 must be completed to be considered for certification eligibility. The course attendee will not be approved to sit for the certification examination if there is any missing or incomplete information on these documents.
3. Submit completed application with payment to:

   The University of Louisiana at Monroe
   Continuing Education
   700 University Avenue
   Library 109
   Monroe, LA 71209

Payment:

Price: $2500.00

If paying by check, make check out to University of Louisiana and submit with application.

If paying by credit card, you may submit payment:

1) Online at www.ce.ulm.edu
2) Call 318.342.1030 and submit payment over the phone.
3) In person, at Continuing Education Department Room "University Library 109"

Course Location

University of Louisiana at
Monroe 700 University Avenue
Library 109
Monroe, LA 71209

Course Info

DATE: Oct 29 - Nov 2, 2018

Registration/Check-In on Monday from 8:00am-9:00am

Class training sessions will be held Monday - Thursday, 9:00-4:30pm and are taught by the Wound Care Education Institute® instructors.

Wound Care Certification examination will be given on Friday 8:00am by the National Alliance of Wound Care and Ostomy®.

- Participant must attend all class sessions to be eligible for certification examination.
- Participant must attend all class sessions to be eligible for continuing education credits.
- Registration fees cover all class materials.

Find out more information about the Wound Care Education Institute at www.wcei.net Find out more information about the National Alliance of Wound Care and Ostomy at www.nawccb.org

NATIONAL ALLIANCE OF WOUND CARE AND OSTOMY®
NAWCO® EXAMINATION ONSITE APPLICATION

Missing or incomplete Information will delay Application processing

National Alliance of Wound Care and Ostomy®

1. PRINT NAME: (As listed on your Professional License)

LAST: | FIRST: | MIDDLE:

2. MAILING ADDRESS:

STREET:

3. DATE OF BIRTH:

MM/DD/YYYY:

CITY: | STATE / PROVINCE: | COUNTRY: | ZIP / POSTAL CODE:

DAYTIME TELEPHONE #: | EVENING TELEPHONE #: | E-MAIL: **REQUIRED FOR CONFIRMATION**

4. PROFESSIONAL LICENSES: (Check all that apply)

☐ LPN / LVN ☐ RN ☐ NP / APN ☐ OT

☐ PTA ☐ PT ☐ PA ☐ MD / DO / DPM

License Number(s): _____

Issuing State: _____ **ORIGINAL** Issue Date: _____

Expiration Date: (mm/dd/yyyy): _____

5. EDUCATION:

☐ Diploma ☐ MSN

☐ Associate ☐ PhD

☐ BS ☐ MD / DO/ DPM

☐ BSN ☐ Other:

☐ BA _____

Field of Study: _____

6. WOUND CARE CERTIFICATIONS: (Check all that apply)

☐ CWS / CWCA Certification #: _____

☐ CWCN Certification #: _____

☐ CWON Certification #: _____

☐ CWOCN Certification #: _____

7. LICENSED EXPERIENCE / PRACTICE IN WOUND CARE:

MINIMUM of 2 YEARS
Must be completed by Exam Date

☐ Two to Five Years

☐ More than Five but fewer than Ten

☐ Ten or more Years

8. PRIMARY PLACE OF EMPLOYMENT:

☐ Hospital ☐ Outpatient ☐ Long Term Care

☐ Education ☐ Home Care ☐ Administration

☐ Sales ☐ Independent Consultant

9. ADA ACCOMMODATION:

☐ YES

Special arrangements will be necessary for me to complete the examination.
(If yes, contact NAWCO® for instructions.)

10. EXAMINATION TYPE:

☐ On Site at WCEI® Skin and Wound Management Course
Course Location: ULM - Monroe LA
Course Dates: Oct 29 - Nov 2, 2018
(An acceptance letter and NAWCO® Candidate Handbook will be emailed to you with your WCEI® course confirmation. If you elect to change your testing site after the confirmation is sent, you will be charged an additional $75.00 administrative fee.)

☐ Computerized Testing Center
If you elect the Computerized Testing Center option, you will receive a confirmation notice that includes a toll free number for the candidate to contact PSI Computer Testing, Inc. for scheduling the examination at a testing center. A list of available testing centers may be viewed at www.psiexams.com

Office Use Only:

ELG: Y N

ACT: Y N

DISP: Y N

VER DT: _____ BY: _____

ID: _____

NATIONAL ALLIANCE OF WOUND CARE AND OSTOMY®
NAWCO® EXAMINATION ONSITE APPLICATION page 2
(You may make copies of this page as needed to document required experience)

National Alliance of Wound Care and Ostomy®

11. WORK EXPERIENCE VERIFICATION
Complete the following sections to document required wound care related work experience.

Candidate's Name: (Please Print) _____

Employer Name: _____

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

☐ Current Employer

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ ☐ Full Time ☐ Part Time

You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

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

☐ Current Employer

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ ☐ Full Time ☐ Part Time

You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

12. AGREEMENT AUTHORIZATION and CERTIFICATION INFORMATION RELEASE

I hereby affirm that I have been a(n) License Type _____ actively and directly involved in the delivery of wound care or in Management, Education or Research directly related to wound care for a minimum of two years full-time or four years part-time within the past five years.

I further affirm that I am currently licensed to practice as a(n) License Type _____ in the state of Select _____.

I further affirm that no licensing authority has current disciplinary action pending against my license to practice in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction.

I authorize the National Alliance of Wound Care and Ostomy™ to make whatever inquiries and investigations deemed necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy™ to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

I hereby understand the National Alliance of Wound Care and Ostomy™ will publish my name, professional license type, city, state, past and present certification status under the NAWCO® WCC® Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® WCC® Certified Practitioners. I release the NAWCO®, its subsidiaries and affiliates and their employees, successors and assigns from any claims of damages for libel, slander, invasion of rights of privacy or publicity, and any other claim based on the publication or release of any Certification Information as specified in this Certification Information Release.

As the applicant, I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential.

Applicant's Digital Signature Acknowledges Agreement and Verification of the Information Provided.

_____ _____
Applicant Signature Date

_____
Printed Name