



Re-Test Application for Board Certification

Please use this form if none of your employment information has changed since the last exam.

DATE TAKING TEST _____ LOCATION _____

Applicant Information *(PLEASE PRINT OR TYPE)*

1. Name _____
2. Maiden Name _____ Social Security # _____
(This is to speed the application process and for the purpose of verifying college transcripts, licenses, etc.)
3. Organization or Employer/Affiliation _____
4. Permanent Mailing Address _____
City _____ State _____ Zip _____
5. Phone/Office _____ Phone/Home _____ Fax _____
6. E-mail _____
7. From time to time, AAWM 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:

Re-Test Application for Certification Checklist

- Re-test Application for Board Certification form, both sides completed and signed.
- Check or money order for \$200.00, or applicable re-schedule amount, issued to the American Academy of Wound Management.

If paying by credit card please complete the following information:

Please charge \$ _____ to my: American Express Master Card Visa

Credit Card Account # _____ Expiration Date _____

Cardholder Name _____

Billing Address _____

City/State/Zip _____

Signature _____ Date _____

Send This Form to:

American Academy of Wound Management

1155 15th Street, NW, Suite 500 Washington, DC 20005

Phone: (202) 457-8408 Fax: (202) 530-0659 E-mail: tcalamari@aawm.org

www.aawm.org

Over, please ►

Re-Test Application for Board Certification 14F_retest

As of 08/09

Name (Please print) _____

I hereby apply to the American Academy of Wound Management (the “AAWM”) 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 AAWM. I have read and agree to the conditions set forth in the AAWM’s Handbook for Candidates covering eligibility, the administration of the Certification Examination; the certification process; and AAWM’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 AAWM 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 AAWM 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 AAWM 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 AAWM 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 AAWM 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.

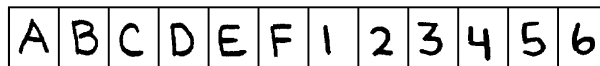
I hereby agree to hold the AAWM, its officers, directors, examiners, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the application process, any examination given by the AAWM, any grade relating 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 AAWM AND THAT THE DECISIONS OF THE AAWM ARE FINAL.

Testing Center Application for National Board Certification for

CERTIFIED WOUND SPECIALIST

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



Candidate Information

First Name Middle Name

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Last Name

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Number and Street Apartment Number

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City State/Province Zip/Postal Code

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Daytime Phone Evening Phone

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Email Address

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Testing Period: Spring Fall

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. WHAT IS YOUR PROFESSIONAL DESIGNATION?

- Registered Nurse
- Physical Therapist
- Physician's Assistant
- Occupational Therapist
- Doctor of Medicine
- Doctor of Osteopathy
- Doctor of Podiatric Medicine
- Researcher
- Other (specify) _____

B. HOW LONG HAVE YOU BEEN EMPLOYED IN THE FIELD OF WOUND MANAGEMENT?

- 3 to 5 years More than 10 years
- 6 to 10 years

C. HIGHEST ACADEMIC LEVEL:

- Bachelor's Degree Doctoral Degree
- Master's Degree Other

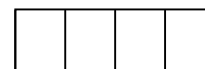
D. WHAT PERCENTAGE OF YOUR WORKDAY INVOLVES WOUND CARE?

- Less than 10% 50% to 74%
- 10% to 24% 75% to 99%
- 25% to 49% 100%

E. PRIMARY PRACTICE CENTER: (Darken one response)

- Hospital Educational Institution
- Long-term Care Facility Industry
- Home Health Government Agency
- Wound Care Center Other (specify below) _____
- Private Practice

(Continue on page 2)



Testing Center Application for National Board Certification for

CERTIFIED WOUND SPECIALIST

Eligibility and Background Information

F. WHAT IS THE PRIMARY REASON YOU WISH TO BECOME CERTIFIED? *(Darken only one response.)*

- Required by current employer
- Personal choice/professional pride
- Preparation for seeking new position in wound management
- To qualify for a salary increase
- To qualify for a higher position with current employer
- Required by profession
- Other (specify) _____

G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

Optional Information

Note: Information related to ethnicity, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your eligibility or test results.

Ethnicity:

- African American Native American
- Asian White
- Hispanic Other

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

Certificate Name

Please print your name and credentials on the line below exactly as you would like it to appear on your certificate.

Name and Credentials (please print)

Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Office Use			
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

1649

