

# RESCHEDULE APPLICATION FOR BOARD CERTIFICATION

Please use this form if you need to need to reschedule your exam for a second time, or for any additional times.

You may not use this form to reschedule a missed examination appointment.

APPLICATION SUBMISSION DATE:	PREVIOUS EXAM DATE(S):

### Reschedule Application Checklist:

- Reschedule Application for Board Certification, completed and signed.
- Reschedule Application for Board Certification Fee

**PLEASE CHECK:**

- \$150.00

\*Fees are non-refundable.

### APPLICANT INFORMATION Please Print Clearly.

First Name	Middle Name	Last Name
Credentials		
Maiden Name		
Social Security #		
Organization or Employer		
Mailing Address		
<small>*If using a PO Box, please provide a physical mailing address in addition.</small>		
City	State	
Zip	Country	
Office Phone	Home Phone	
Fax		
E-mail		

### PAYMENT METHOD

If paying by credit card please complete the following information:

Check make payable to ABWM.

Please charge \$ \_\_\_\_\_ to my:  AE  MC  VISA

Credit Card Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Reschedule Application for Board Certification** 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®") OR Certified Wound Specialist® ("CWS®") OR Certified Wound Specialist Physician® ("CWSP®") 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.

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

Send This Form to:

**American Board of Wound Management**

1800 M Street NW, Suite 400S, Washington, DC 20036 ■ Phone: 202-457-8408 ■ Fax: 202-530-0659 ■ info@abwmcertified.org ■ www.abwmcertified.org