American Board of Wound Management

APPLICATION FOR RETIREMENT STATUS

RETIREMENT STATUS

Continue to use your hard earned Certified Wound Care Associate®, Certified Wound Specialist® or Certified Wound Specialist Physician® certification as a retired Diplomate or Associate of the ABWM.

Candidates approved for retirement status will be granted one of the following credentials:

- Certified Wound Care Associate – Retired or CWCA - Ret.
- Certified Wound Specialist – Retired or CWS – Ret.
- Certified Wound Specialist Physician – Retired or CWSP – Ret.

Qualifications:

1. Candidate must be clinically inactive
2. Candidate must submit a notarized letter stating they are clinically inactive
3. Continuing Education requirement is waived
4. Annual Fee of $75.00

Please print clearly and complete all area on the application to ensure timely processing.

APPLICANT INFORMATION

First Name	Middle Name	Last Name
Credentials		
Mailing Address		
Address		
City		State
Zip		Country
Home Phone		Cell Phone
( )		( )
E-mail		
May your contact information be listed in the Online ABWM Membership Directory?		❍ Yes ❍ No
❍ Send me an ABWM Retirement Certificate.		

Retirement Status Qualifications:

1. Candidate must be clinically inactive
2. Candidate must submit a notarized letter stating they are clinically inactive
3. Continuing Education requirement is waived
4. Annual Fee of $75.00

By signing below, I affirm that I meet the qualifications for Retirement Status as listed above.

Signature _____ Date _____

RETIREMENT STATUS FEE

Retirement Status - Annual Fee $75.00	

PAYMENT METHOD

Please check 1 method of payment.

Check make payable to ABWM in the amount of $ 75.00

Please charge $ 75.00 to my: ❍ VISA ❍ MasterCard ❍ American Express

Credit/Debit Card #	Expiration Date
Cardholder's Billing Address *(include if different from preferred mailing address above)*	
Cardholder's Name	Cardholder's Signature

❍ Included with payment is my notarized letter indicating that I am clinically inactive.

American Board of Wound Management

1155 15th Street, NW, Suite 500, Washington, DC 20005 ■ Phone: 202-457-8408, Fax: 202-530-0659 ■ info@abwmcertified.org ■ www.abwmcertified.org