



Testing Center Application for National Board Certification for  
**WOUND MANAGEMENT PROFESSIONALS**

### 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. DO YOU LIVE IN THE STATE WHERE YOU PRACTICE?**

- No  Yes

*If no, please specify state of practice:* \_\_\_\_\_

**H. 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

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