



National Alliance of Wound Care
and Ostomy™

NATIONAL ALLIANCE OF WOUND CARE AND OSTOMY (NAWCO) WCC Wound Care Certification Examination

EXAMINATIONS:

WCC® Wound Care Certification Examination
LLE® Lymphedema Lower Extremity Certification Examination
DWC® Diabetic Wound Certification Examination
OMS® Ostomy Management Specialist Certification Examination

ELIGIBILITY:

Applicants for the NAWCO WCC® Certification Examination must meet all of the following criteria:

1. Active unrestricted license as a Registered Nurse, Licensed Practical/Vocational Nurse, Nurse Practitioner, Physical Therapist, Physical Therapy Assistant, Occupational Therapist, Physician or Physician's Assistant.
2. Must meet one of the following:
 - a. **Education Option**
 - Successful graduate of NAWCO-approved "Wound Management Certification Training Course".
 - Documentation of active involvement in the care of wound care patients, or in management, education or research directly related to wound care while actively licensed for at least two years full-time/four years part-time within the past five years.
 - b. **Certification Option**
 - Current active certification with Wound Ostomy Continence Nursing Certification Board (WOCNCB) as a "CWCN", "CWON", "CWO CN" or Current active certification with American Academy of Wound Management (AAWM) as a "CWS".
 - Documentation of active involvement in the care of wound care patients, or in management, education or research directly related to wound care while actively licensed for at least two years full-time/four years part-time within the past five years.
 - c. **Experiential Option**
 - Documentation of active involvement in the care of wound care patients, or in management, education or research directly related to wound care while actively licensed for at least four years full-time within the past five years.
 - 60 contact hours in skin and wound care.
 - d. **Preceptor Option**
 - Successful graduate of NAWCO approved "Wound Management Certification Training Course".
 - Complete a minimum of 120 hours of hands on clinical training with an NAWC® approved clinical preceptor after completion of "Wound Management Certification Training Course".

NOTE: YOU MUST FIRST PRE-REGISTER WITH THE NAWCO TO TAKE A CERTIFICATION EXAM

Candidates interested in taking the examination should contact NAWC for detailed qualifications and an application.

National Alliance of Wound Care and Ostomy®
5464 N. Port Washington Road #134
Glendale, WI 53217

Internet: <http://www.nawccb.org>
Email: information@nawccb.org
Telephone: (877) WCC-NAWC
(877) 922-6292
Fax: (800) 352-8339

Once you have been approved, you are responsible for scheduling an appointment to take the examination.

TELEPHONE REGISTRATION

To schedule an examination, please call (800) 211-2754. The times of operation for live operators are as follows:

	Monday - Friday	Saturday - Sunday
Eastern Time	8:00am - 8:00pm	9:00am - 5:30pm
Central Time	7:00am - 7:00pm	8:00am - 4:30pm
Mountain Time	6:00am - 6:00pm	7:00am - 3:30pm
Pacific Time	5:00am - 5:00pm	6:00am - 2:30pm

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee if your *cancellation notice is received 24 hours before the scheduled examination date.*

Note: A voice mail message is not an acceptable form of cancellation. Please use the telephone system and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

Your registration will be invalid, you will not be able to take the examination as scheduled, and you will forfeit your examination fee, if you:

- Do not cancel your appointment 24 hours before the scheduled examination date.
- Do not appear for your examination appointment.
- Arrive after examination start time.
- Do not present proper identification and letter of authorization when you arrive for the examination.

SECURITY PROCEDURES

The following security procedures will apply during the examination:

- While at an examination site, you are considered to be a professional and shall be treated as such. In turn, you must conduct yourself in a professional manner at all times. While at the site, you shall not use words or take actions that are vulgar, obscene, libelous, or that would denigrate the staff or other candidates.
- NO conversing or any other form of communication among candidates is permitted once you enter the examination area.
- Cell phones, pagers, and children are not allowed in the examination center. **NO personal items are to enter the testing center.** Candidates are encouraged to leave all personal belongings except their keys in their car.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of security policy. Either one may result in the disqualification of examination results and may lead to legal action.

TESTING SITES

There are nationwide examination centers. You will be provided with the locations upon scheduling for your examination.

SPECIAL EXAMINATION ARRANGEMENTS

All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990, and every reasonable accommodation will be made in meeting a candidate's needs. Applicants with disabilities or those who would otherwise have difficulty taking the examination must fill out the form on the following page and fax it to PSI (702) 932-2666.



All examination centers are equipped to provide access in accordance with the Americans with Disabilities Act (ADA) of 1990. Applicants with disabilities or those who would otherwise have difficulty taking the examination may request special examination arrangements.

Candidates who wish to request special arrangements because of a disability should fax this form and supporting documentation to PSI at (702) 932-2666.

Requirements for special arrangement requests

You are required to submit documentation from the medical authority or learning institution that rendered a diagnosis. Verification must be submitted to PSI on the letterhead stationery of the authority or specialist and include the following:

- Description of the disability and limitations related to testing
- Recommended accommodation/modification
- Name, title and telephone number of the medical authority or specialist
- Original signature of the medical authority or specialist

Date: _____ SSN or ID#: _____

Legal Name: _____
Last Name First Name

Address: _____
Street City, State, Zip Code

Telephone: (_____) _____ - _____ (_____) _____ - _____
Home Work

Email Address: _____

Check any special arrangements you require (requests must concur with documentation submitted):

- Reader (as accommodation for visual impairment or learning disability)
- Extended Time (Additional time requested: _____)
- Other _____

- Complete and fax this form, along with supporting documentation, to (702) 932-2666.
- After 4 business days, please call 800-211-2754 to check the status of your request and to schedule your exam.

DO NOT SCHEDULE YOUR EXAMINATION UNTIL THIS DOCUMENTATION HAS BEEN RECEIVED AND PROCESSED BY PSI SPECIAL ACCOMMODATIONS.