

American Board of Wound Management  
Board Certification



Certified Wound Care Associate®

Certified Wound Specialist®

Certified Wound Specialist Physician®

## American Board of Wound Management

The American Board of Wound Management (ABWM) is a voluntary, not-for-profit organization established for the purpose of credentialing interdisciplinary practitioners in the field of wound management. The organization was founded by individuals with years of experience in wound care who are dedicated to helping patients who suffer from acute and chronic wounds of various etiologies.

The Board of Directors is an interdisciplinary panel of experts in the field of wound care consisting of practitioners, academicians and researchers. The American Board of Wound Management is a full voting member of the Institute for Credentialing Excellence (ICE).

The purpose of the American Board of Wound Management is to establish and administer a certification process to elevate the standard of care across the continuum of wound management. The Board is dedicated to an interdisciplinary approach in promoting prevention, care and treatment of acute and chronic wounds.

## Wound Management Board Certification

The Application for Certification and any information or material received or generated by the ABWM in connection with the certification process will be kept confidential and will not be released unless such release is authorized by the candidate or required by law. However, the fact that an individual is or is not, or has or has not been, certified is a matter of public record and may be disclosed. Finally, the ABWM may use information from applications and examinations for the purpose of statistical analysis, provided that the personal identification with that information has been deleted.

The content of the Certification Examinations is proprietary and strictly confidential information. Examinees may not disclose, either directly or indirectly, any questions or any part of any question from an examination to any person or entity. Examinees 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 he or she was engaged in collaborative, disruptive, or other unacceptable behavior during the administration of or following the examination.

The unauthorized receipt, retention, possession, copying or disclosure of any information materials, including but not limited to the content of any examination question, before, during, or after the examination may subject candidate to legal action. Such legal action may result in monetary damages and/or disciplinary action including denial or revocation of certification or re-certification.

## American Board of Wound Management Board Certification

The American Board of Wound Management (ABWM) supports the concept of voluntary certification by examination for wound management professionals. Certification focuses specifically on the individual and is an indication of current level of knowledge in the wound management field.

All questions and requests for information about any of the certification examinations should be directed to:

American Board of Wound Management  
1155 15<sup>th</sup> St. NW, Suite 500  
Washington, DC 20005  
Phone: 202-457-8408  
Fax: 202-530-0659  
Website: [www.abwmcertified.org](http://www.abwmcertified.org)  
Email: [info@abwmcertified.org](mailto:info@abwmcertified.org)

All questions and requests for information about examination scheduling should be directed to:

Applied Measurement Professionals, Inc.  
18000 W. 105<sup>th</sup> St.  
Olathe, KS 66061-7543  
Phone: 913-895-4600  
Fax: 913-895-4650  
Website: [www.goAMP.com](http://www.goAMP.com)

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## ABOUT THE CERTIFIED WOUND CARE ASSOCIATE® (CWCA®)

The Certified Wound Care Associate (CWCA) credential demonstrates that the health professional possesses distinct and specialized knowledge in wound care. Board certification is voluntary and is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, and other considerations.

It is important to understand that passing the examination verifies a certain level of knowledge in the field of wound management. It does not confer to the CWCA any permission to manage wounds beyond the limitations of the individual's professional practice.

Boundaries of practice are determined by state practice acts, not the certification examination. Job descriptions and job functions are determined by employing agencies, not the CWCA examination.

By certifying an individual as a Certified Wound Care Associate (CWCA), the American Board of Wound Management and its affiliates assume no responsibility for the action or activities of a CWCA and is released from all liability in any practice decision made in the delivery of wound care services.

ABWM provides equal opportunity to all applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, physical or mental disability, veteran status or other legally protected categories.

## Objectives of Board Certification

To advance wound management as a professional discipline by:

- Identifying knowledge that is essential to the job of wound care associates.
- Advancing cooperation and information exchange among the many disciplines and organizations involved in wound care.
- Recognizing those who meet the eligibility requirements for certification.
- Encouraging continued professional growth and development of individuals and the field of wound management.
- Raising standards and elevating the importance of ethical behavior among practitioners and researchers, by requiring the Certified Wound Care Associate to adhere to a strict code of ethics and professional standards.

## ABWM Administration

The board certification is sponsored by the American Board of Wound Management. For questions concerning eligibility, please contact us by:

Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) or Phone: 202-457-8408.

## Certification Status

The ABWM shall grant Associate status to those individuals who successfully pass the National Board Certification Examination for Wound Management Associates. Such Associates shall be referred to as a "Certified Wound Care Associate of the ABWM" and shall be entitled to use the title Certified Wound Care Associate and the designation CWCA® after their name.

## Eligibility Requirements

The CWCA Examination is available to the following professionals who possess at least three (3) years of wound care related experience: associate degree RNs, LPNs, LVNs, PTAs, all certified healthcare assistants, healthcare administrators, dieticians, sales and marketing professionals, and academic researchers. Candidates with a professional license applying for ABWM exams must possess a full and unrestricted professional license in at least one state and in all states in which the candidate currently practices.

To apply, please follow the directions and guidelines outlined below:

1. Complete application with all fields filled in with biographical information including social security number.
2. Provide a professional resume or curriculum vitae.
3. Provide a personal statement with a detailed description of three (3) years of wound care experience.
4. Provide copies of professional licenses and board certifications (if applicable).
5. Provide three (3) letters from professional references, sealed in original envelopes. Letters should discuss wound care knowledge, skills, and expertise, and must document the required years of experience.
6. Read the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.
7. Provide payment for the required application fee.
8. Complete the checklist form by initialing next to each application item.

All application materials must arrive at the ABWM at one time and in the same envelope. Candidates should allow a minimum of 15 business days for processing their application. Packets that arrive with materials missing will be returned delaying the application. FedEx and USPS certified mail are recommended. It is the sole responsibility of the candidate to ensure that all application materials arrive in the ABWM office.

## Attainment of Certification, Renewal, and Re-certification

The application and required documentation will be reviewed for completeness and appropriateness by the Executive Director who will recommend to the ABWM Credentials Committee approval or denial of the candidate's eligibility to sit for the National Board Certification Examination for the Certified Wound Care Associate. Those candidates who successfully complete the eligibility review and pass the written examination will be presented with the Certified Wound Care Associate (CWCA) credential. Candidates will be notified in writing directly by AMP of the examination results immediately upon completion of the examination.

Candidates successfully completing the requirements for certification shall be recognized Associates of the ABWM. A suitable certificate bearing the seal of the American Board of Wound Management shall be inscribed with the name of the candidate. New Associates will be mailed a Welcome Packet from the ABWM including a Welcome Letter, Press Release, Employer Advocacy Letter, CWCA Pin, and CWCA Patch.

A Certified Wound Care Associate shall be required to pay annual renewal fees to ABWM. A Certified Wound Care Associate must demonstrate a minimum of six (6) hours of continuing education per calendar year in the field of wound management. These hours can be achieved by attending live courses, participating online, through correspondence or by any continuing education organization. The submission of Continuing Education Units shall be made with the annual renewal form. Continuing Education Units are subject to audit.

All certificates for certification in wound management shall carry a time limit of ten (10) years for which the certificate is active. All Certified Wound Care Associates shall be required to retake the CWCA examination every ten (10) years in order to maintain certification status and renew the certificate.

## Revocation of Certification

Certification will be revoked for the following reasons:

1. Failure to renew within thirty (30) days of renewal date, pay appropriate fee and note continuing education taken.
2. Conviction for any offense which prohibits the practice of their profession in any state.
3. Falsification of any information in connection with the application for certification or related documents.
4. If the Certified Wound Care Associate has any administrative, civil, or criminal determination by a state licensing agency or other appropriate agency or court of jurisdiction that causes his/her license to be suspended or results in probation or other restrictions. If your license is suspended or revoked, you may no longer use the CWCA designation until your license is reinstated.
5. Failure to adhere to the ethical requirement of the ABWM.
6. Falsely advertising oneself as a Certified Wound Care Associate.
7. Advertising to the public in a false, deceptive, or misleading manner.

## Fees

CWCA First-time Application Fee.....	\$375.00
CWCA Re-test Fee.....	\$150.00
CWCA Examination Reschedule Fee (First time only) .....	\$0.00
CWCA Examination Reschedule Fee (After first reschedule) .....	\$150.00
CWCA Annual Renewal Fee .....	\$150.00
CWCA 10-Year Re-certification Fee .....	\$375.00

Make check or money order payable to:

**American Board of Wound Management**

MasterCard, Visa, and American Express accepted

\* Certification fees for all approved applications and annual renewals are nonrefundable.

## Grievance Procedures

Applicants that have been deemed ineligible to sit for the examination may file a grievance with the ABWM. The individual should submit a letter to the ABWM Board of Directors, along with any applicable documentation. The grievance will be reviewed by the Board of Directors, who shall deliver a final decision within 30 days via certified mail.

## Review Material

In compliance with National Accrediting Standards, the ABWM does not provide review materials for the Certification Examination. It is the responsibility of the candidate to prepare by any means they feel are appropriate.

## Examination

The CWCA examination is based on a job task analysis (also known as a practice analysis or role delineation study) that is conducted periodically to determine the job content elements that are related to effective job performance. The results of this study are used to develop the content outline for each examination, and all versions of the examinations correspond to these specifications. More information about the job task analysis is available at [www.abwmcertified.org](http://www.abwmcertified.org).

An interdisciplinary team of CWCAs supervised by the ABWM Examination Chair and Applied Measurement Professionals, Inc. (AMP), constructs the items included in the examination.

The Examination Committee meets two to three times a year to review the items and the examination itself for validation. All examination materials are under the control of AMP, and Examination Committee members do not have copies of notes from these committee meetings. AMP also runs statistical analysis on each examination and examination items to validate their effectiveness as examination questions.

The examination consists of 120 multiple-choice items (questions), 100 of which are used to compute candidates' scores. The examination includes 20 non-scored 'pretest' items that are interspersed throughout the examination. Pretesting is a common practice for certification examinations, which allows for evaluation of the items prior to using them for scoring. Performance on the pretest items does not affect your score. The examination covers five subject areas as described in the Content Outline (page 5).

## Time Allocation for the Examination

Candidates are allowed up to three (3) hours to answer 120 multiple choice questions for the examination.

## Admission to Testing

Applications will be reviewed by the ABWM to verify that candidates meet the eligibility requirements. Once an application and documentation materials are submitted, individuals will be notified by AMP of the following:

- IF ELIGIBLE: You will receive a notice from AMP within 15 business days of the receipt of your completed application.
- IF NOT ELIGIBLE: Your certification fee, less a \$100 processing fee, will be returned to you with a notice of ineligibility.
- FAILURE TO RECEIVE ADMISSION NOTICE: A candidate not receiving an admission notice after being approved by the ABWM should contact AMP by calling 888-519-9901.

## Re-testing Policies

Candidates who do not pass the examination are eligible to re-take it 90 days after the date of their last examination, and up to two years after the date of their first examination. Candidates must file an ABWM Re-test Application and pay a \$150 re-application fee each time they re-test. Those who do not re-test within two years of their first examination must re-submit the application in full. Any candidate who does not achieve a passing score after three attempts must submit documentation of 20 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time. The continuing education hours must be completed after the date of the candidate's last failed examination. An additional 20 hours of continuing education will be required for each additional attempt after a candidate's third failed examination.

## Appeals Policy

NO APPEAL may be taken from an adverse decision based on an individual's receipt of a failing grade on an ABWM examination absent extraordinary circumstances, as determined solely by the ABWM. A full outline of the appeals process for adverse decisions affecting certification as a CWCA, CWS, or CWSP is available in the Forms section of [www.abwmcertified.org](http://www.abwmcertified.org). The following adverse decisions affecting eligibility or certification by the American Board of Wound Management are subject to appeal: adverse administrative decisions, adverse substantive decisions, adverse disciplinary decisions. Any request for review must be postmarked within 30 calendar days of the notice of adverse decision.

## Report of Results

Candidates will receive notification of their results from AMP immediately upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by AMP or ABWM under any circumstances.

## Confidentiality

It is up to each candidate to notify an employer or others as to whether you have passed or failed the examination. Upon written inquiry, the ABWM will release information regarding the status of an individual's certification only, withholding information regarding scores or if an individual took the examination.

## CWCA Content Outline

## 1. Wound Healing Environment (20 items)

- A. Anatomy:
  - 1. Integumentary
  - 2. Musculoskeletal
  - 3. Vascular
  - 4. Neurological
  - 5. Lymphatic
- B. Wound Healing:
  - 1. Phases
  - 2. Cell function
  - 3. Acute vs. chronic

## 2. Assessment and Diagnosis (25 items)

- A. History
- B. Physical examination
- C. Wound and skin assessment
- D. Pain assessment
- E. Risk assessment
- F. Functional assessment
- G. Laboratory/Imaging
- H. Nutrition
- I. Documentation

## 3. Patient Management (33 items)

- A. Wound bed preparation/debridement
- B. Dressings
- C. Topical agents
- D. Complications in repair (including bioburden)
- E. Nutrition
- F. Compression therapy
- G. Negative pressure wound therapy
- H. Pressure redistribution (i.e., offloading)
- I. Patient adherence

## 4. Etiological Considerations (22 items)

- A. Neuropathy
- B. Diabetes
- C. Venous insufficiency
- D. Ischemia
- E. Pressure ulcers
- F. Lymphedema
- G. Trauma
- H. Surgical complications
- I. Atypical wounds (e.g., malignancy)
- J. Dermatological
- K. Infectious
- L. Burns

**In addition to classifying by topic (above) items will be classified by task. Tasks that are eligible for assessment include:**

**Patient Preparation Tasks**

1. Perform lifting and transfer techniques
2. Assist in obtaining health and medication history
3. Obtain recent nutritional history and needs
4. Take and monitor vital signs
5. Position patient for treatment
6. Obtain blood glucose level
7. Prepare wound for photography
8. Set up sterile field
9. Set up for procedures
10. Prepare wound for procedures
11. Follow infection control guidelines for patient care

**Patient Assessment Tasks**

12. Assess:
  - a. circulatory status (e.g., ankle/brachial index, Doppler, pulses)
  - b. risk of pressure ulcer development
  - c. level of pain
  - d. edema
  - e. functional status
  - f. nutritional status
13. Evaluate skin for color, swelling, and temperature
14. Identify and document wound and periwound characteristics (e.g., stage, tissue type)
15. Identify cognitive abilities
16. Review results of laboratory or diagnostic tests
17. Measure wound dimensions – length, width, depth
18. Measure wound tunneling and/or undermining
19. Photograph wound
20. Perform monofilament testing

**Treatment Tasks**

21. Apply and/or remove:
  - a. Dressings
  - b. Compression devices
  - c. Barrier products
  - d. Staples or sutures
  - e. Offloading systems

## 22. Assist with:

- a. application of skin substitute
- b. wound biopsy

## 23. Assist with or perform:

- a. negative pressure wound therapy application and removal
- b. debridement
- c. culture/aspiration
- d. wound irrigation or cleansing

**Education Tasks**

24. Educate patient/family regarding:
  - a. Offloading and/or pressure relief
  - b. Wound care rationale
  - c. Therapeutic interventions (e.g., dressings, wound products, negative pressure)
  - d. Medications
  - e. Lifestyle changes (e.g., smoking cessation, diet, nutrition)
  - f. Disease process
  - g. Diagnostic testing
  - h. Skin care
  - i. Pain Management
  - j. Universal precautions (including handwashing)
  - k. Positioning and mobility
  - l. Use of compression systems

**Administration Tasks**

25. Document patient information (e.g., medications, progress, billing, photographs)
26. Coordinate wound care with supervisor and other team members
27. Order and maintain equipment and supplies
28. Disinfect equipment
29. Orient and train staff
30. Maintain HIPAA privacy and security
31. Apply knowledge of reimbursement and medical economics to practice
32. Incorporate medical ethics into practice (e.g., palliative care, reasonable expectation of outcomes)
33. Use evidence based practice and research to guide patient care

## Sample Questions

The American Board of Wound Management National Board Certification Examination for Certified Wound Care Associate consists of four subject areas with sample questions from each of the areas listed below.

Some items might be linked to a scenario.

1. When applying an enzymatic debriding ointment to a wound presenting with 50% red tissue and 50% yellow/brown tissue, the ointment should be applied to the
  - A. yellow/brown tissue only.
  - B. entire wound surface only.
  - C. dressings and then placed over the wound.
  - D. entire wound surface with slight margin overlap.

Answer: B

Content Category: 3

2. The primary way for patients with diabetes to avoid development of a wound is to
  - A. inspect feet daily.
  - B. elevate extremities.
  - C. control blood glucose.
  - D. increase protein intake.

Answer: A

Content Category: 4

3. The Ankle Brachial Index is a quick, non-invasive test used to evaluate
  - A. lymphatic obstruction.
  - B. venous insufficiency.
  - C. protective sensation.
  - D. arterial blood flow.

Answer: D

Content Category: 2

4. Which of the following statements is MOST accurate regarding wound healing?
  - A. Scar tissue is stronger than uninjured skin.
  - B. Growth factors play a minor role in repair.
  - C. Collagen is deposited and remodeled during repair.
  - D. Myofibroblasts begin migration during the remodeling phase.

Answer: C

Content Category: 1

5. Which of the following dressings, used independently, is MOST closely associated with moist wound healing?
  - A. woven gauze
  - B. hydrocolloid
  - C. non-adherent contact layer
  - D. zinc-impregnated gauze

Answer: B

Content Category: 3

## Application Submission Checklist

Each of the following items needs to be included in your application packet. Once all documents have been collected, initial next to each item and include this form with your materials. Incomplete applications will be returned.

Initials: \_\_\_\_\_

1) Completed and signed **application** with all fields filled in with biographical information including social security number.

Initials: \_\_\_\_\_

2) By initialing here, I acknowledge and accept that I have read and agree to abide by the ABWM Code of Ethics on page 11.

Initials: \_\_\_\_\_

3) Provide a professional **resume** or **curriculum vitae**.

Initials: \_\_\_\_\_

4) Provide a personal statement with a detailed **description of 3 years** of wound care experience.

Initials: \_\_\_\_\_

5) Copies of professional licenses and board certifications, as applicable.

Initials: \_\_\_\_\_

6) Three **letters from professional references** sealed in original envelopes. Letters should discuss wound care knowledge, skills, and expertise, and must document the required years of experience.

Initials: \_\_\_\_\_

7) **Payment** for the required fee. I understand the payment for an approved application is nonrefundable.

Initials: \_\_\_\_\_

8) Complete this **checklist form** by initialing next to each application item and including it with your application.

## Application for National Board Certification Examination

## Certified Wound Care Associate

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Name

---

Submission Date

---

Social Security Number

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Name and Credentials as you would like them to appear on your certificate

Please check off which applies to you:

- BSN – Bachelor of Science Nursing
- CNA – Certified Nursing Assistant
- DO- Doctor of Osteopathy
- DPM – Doctor of Podiatric Medicine
- DVM – Doctor of Veterinary Medicine
- EDUC – Educator
- LPN – Licensed Practical Nurse or Licensed Vocational Nurse
- MD – Doctor of Medicine
- MEDTECH – Medical Technician or Assistant
- NP – Nurse Practitioner
- OTHER – Other Healthcare Professional
- PA – Physician Assistant
- PT – Physical Therapist
- PTA – Physical Therapist Assistant
- RD – Registered Dietician
- RES – Researcher
- RN – Registered Nurse
- SMKT – Sales & Marketing

Mail to:



American Board of Wound Management

1155 15<sup>th</sup> St., NW, Suite 500 • Washington, DC 20005

Tel: 202-457-8408 • Fax: 202-530-0659

Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)

## Application for National Board Certification Examination for Certified Wound Care Associate

1. Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

2. Organization or employer/affiliation \_\_\_\_\_

3. Permanent mailing address \_\_\_\_\_  
\*Please do not use a P.O. Box address.

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

4. Phone/Primary \_\_\_\_\_ Phone/Secondary \_\_\_\_\_

\* Please note that Primary phone number will appear in the Find a Specialist Directory online upon passing the certification examination.

5. Fax \_\_\_\_\_ Email \_\_\_\_\_

6. Professional title of position \_\_\_\_\_

7. Discipline or specialty \_\_\_\_\_

## 8. Education:

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

## 9. Professional work experience beginning with the most recent (please attach a copy of your resume/curriculum vitae):

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

## 10. Current License (attach a copy of each):

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

11. Are you Board certified by another organization?  Yes  No

If yes, list certifications below and attach a copy of each certificate.

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12. PLEASE ANSWER THE FOLLOWING QUESTIONS. ALL QUESTIONS MUST BE ANSWERED. If any of the questions are answered Yes, provide the details below and provide documentation to ABWM Executive Director Chris Murphy as soon as possible. Your application will not be processed until all information has been submitted.1. Have you ever been denied licensure by any state?  Yes  No(a) Has any state ever denied, restricted, suspended, or revoked your license, or placed your license on probation?  Yes  No(b) Has your license to practice ever been limited in any way by a licensing agency, or a hospital or other healthcare facility in which you have been allowed to practice?  Yes  No(c) Have you ever voluntarily surrendered your license during the course of a disciplinary investigation?  Yes  No(d) Is your license the subject of a pending action or investigation?  Yes  No2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges?  Yes  No3. Are you currently under indictment for or been convicted of a felony?  Yes  No

If you answered "yes" to any of the above, please provide details on a separate sheet of paper and include it when you submit your application.

## 13. Professional memberships:

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14. Please include three professional references, sealed in original envelopes with your application. The letters should discuss your wound care knowledge, skills, and expertise, and must document the required years of experience. Please list your references in the space below:

Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____

## Code of Ethics

The American Board of Wound Management acknowledges the diversity of etiologies and associated problems that patients with chronic non-healing wounds endure. The American Board of Wound Management therefore supports the interdisciplinary commitment, which professionals from a variety of disciplines, can make to the field of wound management. The conduct of individuals certified by the American Board of Wound Management shall be consistent with all applicable local, state, and federal regulations, and with codes of conduct as established by the certified individual's primary discipline. Additionally, individuals who are certified by the American Board of Wound Management shall be committed to increasing their knowledge of the mechanisms of wound healing, tissue repair, and modalities to effectively treat indolent wounds. It is part of the mission of The American Board of Wound Management to safeguard the health and welfare of patients who seek the services of Certified individuals.

### a. Responsibility

All Certified practitioners must be responsible to determine that standards are applied evenly and fairly to all individuals who receive services. Certified individuals shall provide accurate documentation and timely feedback to members of the team, and other interested parties in order to assure coordinated, managed care. All reports will be objective and based upon an independent professional opinion within the Certified individual's expertise. Certified individuals will provide only those services for which the individual is competent and qualified to perform. Certified individuals will refrain from providing services, which are counter to the ethical standard of their discipline.

### b. Professional Conduct by Specialty

Certified individuals are obligated to maintain their education and competency such that it conforms to the standard of conduct both to the individual's community, practice and discipline. Wound management is a coordinated multidisciplinary and interdisciplinary effort. Certified individuals will conduct their professional behavior so that it facilitates the services of all team members for maximum benefit of the patient.

### c. Education, Training and Competence

Certified providers shall maintain high moral values, ethics, and professional competence. They shall recognize the limits of their skills and license. They shall offer services consistent with the standard of their profession. Certified individuals have an obligation to accurately

represent and disclose their training education, and experience to the public. Certified providers shall engage in continuing education. Certified providers recognize that the field of wound management is developing rapidly and shall be open to evaluate and consider new products and approaches to wound management. Certified providers should refrain from any activity which may result in harm to a patient without first considering alternatives to such an approach, seeking services which may achieve the same benefit without the associated risk, obtain consultations from other providers, and inform the patient of any risk inherent to any procedure or approach.

### d. Confidentiality

Certified providers are obligated to safeguard information obtained in the course of their involvement with a patient. Information may be released with a patient's permission; and circumstances where there is a clear and imminent danger to the patient, or others, and where required by court or subpoena. The patient has the privilege to the extent feasible and practical, and those cases where there would be no legal or clinical contraindications, to see their chart when this can be arranged at a mutually convenient time.

### e. Business Procedures

Certified providers will abide by all prevailing community standards. They will adhere to all federal, state and local laws regulating business practice. Competitive advertising must be honest, actual and accurate. Such advertising shall avoid exaggerated claims. Certified providers will not enter into any arrangement where fees are exchanged that would be likely to create conflict of interest or influence their opinion about service rendered. Certified providers shall engage in behavior which conforms to high standards of moral, ethical and legal behavior. Certified providers will not engage in sexual contact with patients.

### f. Research

Certified providers are encouraged to engage in research. In doing so, they shall have the safety of their subjects as a priority. Investigation shall be consistent with the traditions and practices of the certified individual's discipline.

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") 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.

I HAVE READ AND AGREE TO ABIDE BY THE ABWM CODE OF ETHICS ON PAGE 10.

---

Signature

Date

## Request Letter of Reference

### Instructions to Candidate

Please fill in your name and give a copy of this form to each of the three professionals whom you will ask to write letters of reference for you.

---

Name of Candidate:

---

### Instructions to Reference

The person listed above requests that you provide a letter of reference to the American Board of Wound Management to support his or her application for the board certification examination to become a Certified Wound Care Associate (CWCA).

Should you have any questions, please contact the candidate directly, or contact the ABWM office at [info@abwmcertified.org](mailto:info@abwmcertified.org) or at 202-457-8408.

**Once the letter is complete, return it to the applicant in a sealed envelope.**

***Please note that all letters of reference should:***

- Be addressed to the ABWM Credentials Committee.
- Be written no earlier than six (6) months prior to the date of the candidate's application submission. Out of date references will not be accepted.
- Be written on official letterhead and include a current phone number (ABWM audits randomly and may need to call you to confirm your reference).
- Attest to the candidate's wound care knowledge and skills.
- Attest to the candidate's required years of experience in wound care: 3 years required.
- Be dated and signed.



## Payment of Fees

*Check all that apply.*

**Certified Wound Care Associate Examination – CWCA**

<input type="checkbox"/> Registration examination fee	\$375.00
<input type="checkbox"/> Examination re-test fee:	\$150.00
<input type="checkbox"/> Other _____ (fill in):	\$_____
<b>Total:</b> \$_____	

\*Payments are nonrefundable for approved applications.

\*\*Payments are processed upon receipt. A processed payment is not confirmation of an approved application.

\*\*\*\$100 processing fee on any incomplete, ineligible, or returned applications.

**Payment**

Check or money order enclosed, payable to:  
**American Board of Wound Management**

Please charge my credit card:  
 VISA     MasterCard     American Express

---

Account Number

---

Expiration Date

---

Security Code

---

Cardholder Name

---

Cardholder Billing Address

---

Signature

Internal use only

Date Received:	Account Number:	Invoice Number:
----------------	-----------------	-----------------

**Mail to:**



**American Board of Wound Management**  
1155 15<sup>th</sup> St., NW, Suite 500 • Washington, DC 20005  
Tel: 202-457-8408 • Fax: 202-530-0659  
Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)

## ABOUT THE CERTIFIED WOUND SPECIALIST® (CWS®)

The Certified Wound Specialist (CWS) credential demonstrates that the certified health professional possesses distinct and specialized knowledge thereby promoting quality of care for persons with wounds. Board certification as a wound specialist is voluntary and is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, and other considerations.

It is important to understand that passing the examination verifies a certain level of knowledge in the field of wound management. It does not confer to the CWS any permission to manage wounds beyond the limitations of the individual's professional practice.

Boundaries of practice are determined by state practice acts, not the certification examination. Job descriptions and job junctions are determined by employing agencies, not the CWS examination.

By certifying an individual as a Certified Wound Specialist (CWS), the American Board of Wound Management and its affiliates assume no responsibility for the action or activities of a CWS and is released from all liability in any practice decision made in the delivery of wound care services.

ABWM provides equal opportunity to all applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, physical or mental disability, veteran status or other legally protected categories.

## Objectives of Board Certification

To advance wound management as a professional discipline by:

- Identifying knowledge that is essential to the job of wound care specialists.
- Advancing cooperation and information exchange among the many disciplines and organizations involved in wound care.
- Recognizing those who meet the eligibility requirements for certification.
- Encouraging continued professional growth and development of individuals and the field of wound management.
- Raising standards and elevating the importance of ethical behavior among practitioners and researchers, by requiring the Certified Wound Specialist to adhere to a strict code of ethics and professional standards.

## ABWM Administration

The board certification is sponsored by the American Board of Wound Management. For questions concerning eligibility, please contact us by:

Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) or Phone: 202-457-8408.

## Certification Status

The ABWM shall grant Diplomate status to those individuals who successfully pass the National Board Certification Examination for Wound Management Professionals. Such Diplomates shall be referred to as a "Certified Wound Specialist of the ABWM" and shall be entitled to use the title Certified Wound Specialist and the designation CWS after their name.

## Eligibility Requirements

To be eligible to sit for the CWS examination, an applicant must have a Bachelor's degree, and possess three (3) years of clinical experience in wound care, or have completed a fellowship of at least one year in duration that is certified by a credentialing organization, and supply a letter of recommendation from the fellowship program director and a CWS that was actively involved in the wound care training; and, be licensed or certified to practice one of the following professions: MD, DO, DPM, RN, PA, PT, OT, DMD, VMD. Candidates with a professional license applying for ABWM exams must possess a full and unrestricted professional license in at least one state and in all states in which the candidate currently practices.

Candidates for Board Certification in wound management must fulfill all of the following criteria:

1. Completed application with all fields filled in with biographical information including social security number.
2. Provide a professional resume or curriculum vitae.
3. Provide a personal statement with a detailed description of three (3) years of clinical wound care experience and direct patient care.
4. Provide copies of professional licenses and board certifications.
5. Provide three (3) letters from professional references, sealed in original envelopes. Letters should discuss wound care knowledge, skills, and expertise, and must document the required years of experience. For candidates with one year fellowship experience, two of the three letters must be from the Fellowship program director and the CWS who was directly involved in the applicant's training.
6. Read the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.
7. Provide payment for the required application fee.
8. Complete the checklist form by initialing next to each application item.

All application materials must arrive at the ABWM at one time and in the same envelope. Candidates should allow a minimum of 15 business days for processing their application. Packets that arrive with materials missing will be returned delaying the application. FedEx and USPS certified mail are recommended. It is the sole responsibility of the candidate to ensure that all application materials arrive in the ABWM office.

## Attainment of Certification, Renewal, and Re-certification

The application and required documentation will be reviewed for completeness and appropriateness by the Executive Director who will recommend to the ABWM Credentials Committee approval or denial of the candidate's eligibility to sit for the National Board Certification Examination for the Certified Wound Specialist. Those candidates who successfully complete the eligibility review and pass the written examination will be presented with the Certified Wound Specialist (CWS) credential. Candidates will be notified in writing directly by AMP of the examination results immediately upon completion of the examination.

Candidates successfully completing the requirements for certification shall be recognized Diplomates of the ABWM. A suitable certificate bearing the seal of the American Board of Wound Management shall be inscribed with the name of the candidate. New Diplomates will be mailed a Welcome Packet from the ABWM including a Welcome Letter, Press Release, Employer Advocacy Letter, CWS Pin, and CWS Patch.

A Certified Wound Specialist shall be required to pay annual renewal fees to ABWM. A Certified Wound Specialist must demonstrate a minimum of six hours of continuing education per calendar year in the field of wound management. These hours can be achieved by attending live courses, participating online, through correspondence or by any continuing education organization. The submission of continuing education unit shall be made with the annual renewal form. Continuing Education Units are subject to audit.

All certificates for certification in wound management shall carry a time limit of ten years for which the certificate is active. All Certified Wound Specialists shall be required to retake the CWS examination every ten (10) years in order to maintain certification status and renew the certificate.

## Revocation of Certification

Certification will be revoked for the following reasons:

1. Failure to renew within thirty (30) days of renewal date, pay appropriate fee and note continuing education taken.
2. Conviction for any offense which prohibits the practice of their profession in any state.
3. Falsification of any information in connection with the application for certification or related documents.
4. If the Certified Wound Specialist has any administrative, civil, or criminal determination by a state licensing agency or other appropriate agency or court of jurisdiction that causes his/her license to be suspended or results in probation or other restrictions. If your license is suspended or revoked, you may no longer use the CWS designation until your license is reinstated.
5. Failure to adhere to the ethical requirement of the ABWM.
6. Falsely advertising oneself as a Certified Wound Specialist.
7. Advertising to the public in a false, deceptive, or misleading manner.

## Fees

CWS First-time Application Fee . . . . .	\$575.00
CWS Re-test Fee . . . . .	\$275.00
CWS Examination Reschedule Fee (One time Only) . . . . .	\$0.00
CWS Examination Reschedule Fee (After first reschedule) . . . . .	\$150.00
CWS Annual Renewal Fee . . . . .	\$150.00
CWS 10-Year Re-certification Fee . . . . .	\$575.00

Make check or money order payable to:  
**American Board of Wound Management**

MasterCard, Visa, and American Express accepted

\* Certification fees for all approved applications and annual renewals are nonrefundable.

## Grievance Procedures

Applicants that have been deemed ineligible to sit for the examination may file a grievance with the ABWM. The individual should submit a letter to the ABWM Board of Directors, along with any applicable documentation. The grievance will be reviewed by the Board of Directors, who shall deliver a final decision within 30 days via certified mail.

## Review Material

In compliance with National Accrediting Standards, the ABWM does not provide review materials for the Certification Examination. It is the responsibility of the candidate to prepare by any means they feel are appropriate.

## Examination

The CWS examination is based on a job task analysis (also known as a practice analysis or role delineation study) that is conducted periodically to determine the job content elements that are related to effective job performance. The results of this study are used to develop the content outline for each examination, and all versions of the examinations correspond to these specifications. More information about the job task analysis is available at [www.abwmcertified.org](http://www.abwmcertified.org).

An interdisciplinary team of CWS's supervised by the ABWM Examination Chair and Applied Measurement Professionals, Inc. (AMP), constructs the items included in the examination.

The Examination Committee meets two to three times a year to review the items and the examination itself for validation. All examination materials are under the control of AMP, and Examination Committee members do not have copies of notes from these committee meetings. AMP also runs statistical analysis on each examination and examination items to validate their effectiveness as examination questions.

The examination consists of 150 multiple-choice items (questions), 125 of which are used to compute candidates' scores. The examination includes 25 non-scored 'pretest' items that are interspersed throughout the examination. Pretesting is a common practice for certification examinations, which allows for evaluation of the items prior to using them for scoring. Performance on the pretest items does not affect your score. The examination covers five subject areas as described in the Content Outline (page 17).

## Time Allocation for the Examination

Candidates are allowed up to three and a half (3.5) hours to answer 150 multiple choice questions for the examination.

## Admission to Testing

Applications will be reviewed by the ABWM to verify that candidates meet the eligibility requirements. Once an application and documentation materials are submitted, individuals will be notified by AMP of the following:

- **IF ELIGIBLE:** You will receive a notice from AMP within 15 business days of the receipt of your completed application.
- **IF NOT ELIGIBLE:** Your certification fee, less a \$100 processing fee, will be returned to you with a notice of ineligibility.
- **FAILURE TO RECEIVE ADMISSION NOTICE:** A candidate not receiving an admission notice after being approved by the ABWM should contact AMP by calling 888-519-9901.

## Re-testing Policies

Candidates who do not pass the examination are eligible to re-take it 90 days after the date of their last examination, and up to two years after the date of their first examination. Candidates must file an ABWM Re-test Application and pay a \$275 re-application fee each time they re-test. Those who do not re-test within two years of their first examination must re-submit the application in full. Any candidate who does not achieve a passing score after three attempts must submit documentation of 20 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time. The continuing education hours must be completed after the date of the candidate's last failed examination. An additional 20 hours of continuing education will be required for each additional attempt after a candidate's third failed examination.

## Appeals Policy

NO APPEAL may be taken from an adverse decision based on an individual's receipt of a failing grade on an ABWM examination absent extraordinary circumstances, as determined solely by the ABWM. A full outline of the appeals process for adverse decisions affecting certification as a CWCA, CWS, or CWSP is available in the Forms section of [www.abwmcertified.org](http://www.abwmcertified.org). The following adverse decisions affecting eligibility or certification by the American Board of Wound Management are subject to appeal: adverse administrative decisions, adverse substantive decisions, adverse disciplinary decisions. Any request for review must be postmarked within 30 calendar days of the notice of adverse decision.

## Report of Results

Candidates will receive notification of their results from AMP immediately upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by AMP or ABWM under any circumstances.

## Confidentiality

It is up to each candidate to notify an employer or others as to whether you have passed or failed the examination. Upon written inquiry, the ABWM will release information regarding the status of an individual's certification only, withholding information regarding scores or if an individual took the examination.

## CWS Content Outline

<b>1. Wound Healing Environment (24 items)</b>	<b>5. Professional Issues (12 items)</b>	<b>Treatment Tasks</b>
A. Anatomy and Physiology: <ol style="list-style-type: none"> <li>1. Integumentary</li> <li>2. Musculoskeletal</li> <li>3. Vascular</li> <li>4. Neurological</li> <li>5. Lymphatic</li> </ol> B. Wound Healing: <ol style="list-style-type: none"> <li>1. Phases</li> <li>2. Cell function</li> <li>3. Acute vs. chronic</li> </ol>	A. Documentation B. Patient adherence C. Legal Concepts D. Reimbursement and medical economics E. Medical ethics (e.g., palliative care, reasonable expectation of outcomes) F. Multidisciplinary teams G. Epidemiology H. Evidence based practice and research	10. Establish goals 11. Perform techniques to cleanse and reduce bioburden 12. Debride the wound 13. Apply dressings to the wound 14. Manage at-risk skin and periwound 15. Apply compression therapy 16. Use advanced therapeutic adjunctive treatments <ol style="list-style-type: none"> <li>a. negative pressure wound therapy</li> <li>b. ultrasound</li> <li>c. hyperbaric oxygen</li> <li>d. electrical stimulation</li> </ol> 17. Apply offloading device for the lower extremity 18. Use support surface for pressure relief/reduction 19. Address the nutritional needs of the patient 20. Address pain management issues 21. Manage bioengineered tissue 22. Use advanced topical therapeutic agents (e.g., becaplermin, collagenase)
<b>2. Assessment and Diagnosis (28 items)</b>	<b>In addition to classifying by topic (above) items will be classified by task. Tasks that are eligible for assessment include:</b>	
A. History B. Physical examination C. Wound and skin assessment D. Pain assessment E. Risk assessment F. Functional assessment G. Laboratory/Imaging H. Nutrition	<b>History and Physical Examination Tasks</b> <ol style="list-style-type: none"> <li>1. Obtain history of present illness to include wound duration, causative event, previous treatments, medications, and patient comorbidities</li> <li>2. Obtain vital signs</li> <li>3. Assess: <ol style="list-style-type: none"> <li>a. circulatory system</li> <li>b. integumentary system</li> <li>c. musculoskeletal system</li> <li>d. neurological system</li> <li>e. limb volume</li> <li>f. pain level</li> <li>g. tissue oxygenation</li> <li>h. wound bioburden</li> <li>i. wound characteristics</li> </ol> </li> </ol> <b>Evaluation and Diagnosis Tasks</b> <ol style="list-style-type: none"> <li>4. Determine classification of the wound using: <ol style="list-style-type: none"> <li>a. Wagner scale</li> <li>b. NPUAP (e.g., Stages I-IV, unstageable, suspected deep tissue injuries)</li> <li>c. Rule of Nines</li> </ol> </li> <li>5. Perform risk assessment</li> <li>6. Determine wound severity</li> <li>7. Review or interpret laboratory and imaging tests</li> <li>8. Assess barriers to wound healing</li> <li>9. Determine wound etiology</li> </ol>	
<b>3. Patient Management (32 items)</b>	<b>Follow-up Care Tasks</b> <ol style="list-style-type: none"> <li>23. Discuss and review the plan of care</li> <li>24. Educate patient/family/caregiver on disease management and prevention</li> <li>25. Monitor laboratory values</li> <li>26. Monitor pharmacologic use (e.g., indications, side effects)</li> <li>27. Refer patients to consultants/specialists</li> <li>28. Perform complete wound care documentation</li> </ol> <b>Professional Practice Tasks</b> <ol style="list-style-type: none"> <li>29. Stay current on government reimbursement guidelines</li> <li>30. Coordinate wound care continuum of care</li> <li>31. Understand methodology and strength of evidence related to research</li> <li>32. Follow confidentiality and security regulations</li> </ol>	
<b>4. Etiological Considerations (29 items)</b>		
A. Neuropathy B. Diabetes C. Venous insufficiency D. Ischemia E. Pressure ulcers F. Lymphedema G. Trauma H. Surgical complications I. Atypical wounds (e.g., malignancy) J. Dermatological K. Infectious L. Burns		

## Sample Questions

The American Board of Wound Management National Board Certification Examination for Certified Wound Specialist consists of five subject areas with a sample question from each of the areas listed below.

Some items might be linked to a scenario.

1. Which of the following BEST describes the process when leukocytes begin to adhere to the sticky endothelium of the venules almost immediately after injury?
  - A. rouleaux
  - B. margination
  - C. diapedesis
  - D. aggregation

Answer: B

Content Category: 1

2. A patient presents with an ulceration at the site of an old burn scar. The wound is mildly tender and presents with exuberant tissue. Which of the following is the MOST likely diagnosis?
  - A. Marjolin's ulcer
  - B. metastatic carcinoma
  - C. lymphangiosarcoma
  - D. malignant melanoma

Answer: A

Content Category: 2

3. A patient with end-stage renal disease and large, chronic lower extremity wounds requires extensive daily care because the patient's family is unwilling to care for him. The patient reports being ashamed and frustrated, and requests that the surgeon amputate both legs. The patient is not a surgical candidate due to chronic conditions. Which of the following is the MOST appropriate action?
  - A. Tell the patient that arrangements will be made for the amputation.
  - B. Explain the problems with the patient's request and resume treatment.
  - C. Discuss the patient's feelings with family members to see if they will become more involved.
  - D. Request a referral for palliative care.

Answer: D

Content Category: 5

4. Which of the following observations is MOST characteristic of an arterial ulcer?
  - A. fibrinous base
  - B. crusted periwound area
  - C. significant serous drainage
  - D. round symmetrical wound border

Answer: D

Content Category: 4

5. A heavily draining cavity wound with granulation tissue along the sidewalls and stringy slough covering the base is BEST managed locally by
  - A. an alginate dressing.
  - B. a hydrocolloid dressing.
  - C. a hydrogel sheet dressing.
  - D. a foam dressing.

Answer: A

Content Category: 3

## Application Submission Checklist

Each of the following items needs to be included in your application packet. Once all documents have been collected, initial next to each item and include this form with your materials. Incomplete applications will be returned.

Initials: \_\_\_\_\_

1) Completed and signed **application** with all fields filled in with biographical information including social security number.

Initials: \_\_\_\_\_

2) By initialing here, I acknowledge and accept that I have read and agree to abide by the ABWM Code of Ethics on page 23.

Initials: \_\_\_\_\_

3) Provide a professional **resume** or **curriculum vitae**.

Initials: \_\_\_\_\_

4) Provide a personal statement with a detailed **description of 3 years** of clinical wound care experience and direct patient care.

Initials: \_\_\_\_\_

5) Copies of professional licenses and board certifications, as applicable.

Initials: \_\_\_\_\_

6) Three **letters from professional references** sealed in original envelopes. Letters should discuss wound care knowledge, skills, and expertise, and must document the required years of experience.

Initials: \_\_\_\_\_

7) **Payment** for the required fee. I understand that payment for an approved application is nonrefundable.

Initials: \_\_\_\_\_

8) Complete this **checklist form** by initialing next to each application item and including it with your application.

**Application for National Board Certification Examination****Certified Wound Specialist**

---

Name

---

Submission Date

---

Social Security Number

---

Name and Credentials as you would like them to appear on your certificate

Please check off which applies to you:

- BSN – Bachelor of Science Nursing
- CNA – Certified Nursing Assistant
- DO – Doctor of Osteopathy
- DPM – Doctor of Podiatric Medicine
- DVM – Doctor of Veterinary Medicine
- EDUC – Educator
- LPN – Licensed Practical Nurse or Licensed Vocational Nurse
- MD – Doctor of Medicine
- MEDTECH – Medical Technician or Assistant
- NP – Nurse Practitioner
- OTHER – Other Healthcare Professional
- PA – Physician Assistant
- PT – Physical Therapist
- PTA – Physical Therapist Assistant
- RD – Registered Dietician
- RES – Researcher
- RN – Registered Nurse
- SMKT – Sales & Marketing

**Mail to:****American Board of Wound Management**1155 15<sup>th</sup> St., NW, Suite 500 • Washington, DC 20005

Tel: 202-457-8408 • Fax: 202-530-0659

Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)

**Application for National Board Certification Examination for Certified Wound Specialist**

1. Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

2. Organization or employer/affiliation \_\_\_\_\_

3. Permanent mailing address \_\_\_\_\_  
\*Please do not use a P.O. Box address.

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

4. Phone/Primary \_\_\_\_\_ Phone/Secondary \_\_\_\_\_

\* Please note that Primary phone number will appear in the Find a Specialist Directory online upon passing the certification examination.

5. Fax \_\_\_\_\_ Email \_\_\_\_\_

6. Professional title of position \_\_\_\_\_

7. Discipline or specialty \_\_\_\_\_

8. Education:

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

9. Professional work experience beginning with the most recent (please attach a copy of your resume/curriculum vitae):

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

10. Current License (attach a copy of each):

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

11. Are you Board certified by another organization?  Yes  No

If yes, list certifications below and attach a copy of each certificate.

\_\_\_\_\_

\_\_\_\_\_

12. PLEASE ANSWER THE FOLLOWING QUESTIONS. ALL QUESTIONS MUST BE ANSWERED. If any of the questions are answered Yes, provide the details below and provide documentation to ABWM Executive Director Chris Murphy as soon as possible. Your application will not be processed until all information has been submitted.

1. Have you ever been denied licensure by any state?  Yes  No

(a) Has any state ever denied, restricted, suspended, or revoked your license, or placed your license on probation?  Yes  No

(b) Has your license to practice ever been limited in any way by a licensing agency, or a hospital or other healthcare facility in which you have been allowed to practice?  Yes  No

(c) Have you ever voluntarily surrendered your license during the course of a disciplinary investigation?  Yes  No

(d) Is your license the subject of a pending action or investigation?  Yes  No

2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges?  Yes  No

3. Are you currently under indictment for or been convicted of a felony?  Yes  No

If you answered "yes" to any of the above, please provide details on a separate sheet of paper and include it when you submit your application.

13. Professional memberships:

\_\_\_\_\_

\_\_\_\_\_

**14.** Please include three professional references, sealed in original envelopes with your application. The letters should discuss your wound care knowledge, skills, and expertise, and must document the required years of experience. Please list your references in the space below:

Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____

## **Code of Ethics**

The American Board of Wound Management acknowledges the diversity of etiologies and associated problems that patients with chronic non-healing wounds endure. The American Board of Wound Management therefore supports the interdisciplinary commitment, which professionals from a variety of disciplines, can make to the field of wound management. The conduct of individuals certified by the American Board of Wound Management shall be consistent with all applicable local, state, and federal regulations, and with codes of conduct as established by the certified individual's primary discipline. Additionally, individuals who are certified by the American Board of Wound Management shall be committed to increasing their knowledge of the mechanisms of wound healing, tissue repair, and modalities to effectively treat indolent wounds. It is part of the mission of The American Board of Wound Management to safeguard the health and welfare of patients who seek the services of Certified individuals.

### **a. Responsibility**

All Certified practitioners must be responsible to determine that standards are applied evenly and fairly to all individuals who receive services. Certified individuals shall provide accurate documentation and timely feedback to members of the team, and other interested parties in order to assure coordinated, managed care. All reports will be objective and based upon an independent professional opinion within the Certified individual's expertise. Certified individuals will provide only those services for which the individual is competent and qualified to perform. Certified individuals will refrain from providing services, which are counter to the ethical standard of their discipline.

### **b. Professional Conduct by Specialty**

Certified individuals are obligated to maintain their education and competency such that it conforms to the standard of conduct both to the individual's community, practice and discipline. Wound management is a coordinated multidisciplinary and interdisciplinary effort. Certified individuals will conduct their professional behavior so that it facilitates the services of all team members for maximum benefit of the patient.

### **c. Education, Training and Competence**

Certified providers shall maintain high moral values, ethics, and professional competence. They shall recognize the limits of their skills and license. They shall offer services consistent with the standard of their profession. Certified individuals have an obligation to accurately

represent and disclose their training education, and experience to the public. Certified providers shall engage in continuing education. Certified providers recognize that the field of wound management is developing rapidly and shall be open to evaluate and consider new products and approaches to wound management. Certified providers should refrain from any activity which may result in harm to a patient without first considering alternatives to such an approach, seeking services which may achieve the same benefit without the associated risk, obtain consultations from other providers, and inform the patient of any risk inherent to any procedure or approach.

### **d. Confidentiality**

Certified providers are obligated to safeguard information obtained in the course of their involvement with a patient. Information may be released with a patient's permission; and circumstances where there is a clear and imminent danger to the patient, or others, and where required by court or subpoena. The patient has the privilege to the extent feasible and practical, and those cases where there would be no legal or clinical contraindications, to see their chart when this can be arranged at a mutually convenient time.

### **e. Business Procedures**

Certified providers will abide by all prevailing community standards. They will adhere to all federal, state and local laws regulating business practice. Competitive advertising must be honest, actual and accurate. Such advertising shall avoid exaggerated claims. Certified providers will not enter into any arrangement where fees are exchanged that would be likely to create conflict of interest or influence their opinion about service rendered. Certified providers shall engage in behavior which conforms to high standards of moral, ethical and legal behavior. Certified providers will not engage in sexual contact with patients.

### **f. Research**

Certified providers are encouraged to engage in research. In doing so, they shall have the safety of their subjects as a priority. Investigation shall be consistent with the traditions and practices of the certified individual's discipline.

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 Specialist ("CWS") 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.

I HAVE READ AND AGREE TO ABIDE BY THE ABWM CODE OF ETHICS ON PAGE 22.

---

Signature

Date

## Request Letter of Reference

### Instructions to Candidate

Please fill in your name and give a copy of this form to each of the three professionals whom you will ask to write letters of reference for you.

---

Name of Candidate:

---

### Instructions to Reference

The person listed above requests that you provide a letter of reference to the American Board of Wound Management to support his or her application for the board certification examination to become a Certified Wound Specialist (CWS).

Should you have any questions, please contact the candidate directly, or contact the ABWM office at [info@abwmcertified.org](mailto:info@abwmcertified.org) or at 202-457-8408.

**Once the letter is complete, return it to the applicant in a sealed envelope.**

***Please note that all letters of reference should:***

- Be addressed to the ABWM Credentials Committee.
- Be written no earlier than six (6) months prior to the date of the candidate's application submission. Out of date references will not be accepted.
- Be written on official letterhead and include a current phone number (ABWM audits randomly and may need to call you to confirm your reference).
- Attest to the candidate's wound care knowledge and skills.
- Attest to the candidate's required years of experience in wound care: 3 years required, or 1-year fellowship.
- Be dated and signed.



## Payment of Fees

*Check all that apply.*

**Certified Wound Specialist Examination – CWS**

<input type="checkbox"/> Registration examination fee	\$575.00
<input type="checkbox"/> Examination re-test fee:	\$275.00
<input type="checkbox"/> Other _____ (fill in):	\$ _____
<b>Total:</b> \$ _____	

\*Payments are nonrefundable for approved applications.

\*\*Payments are processed upon receipt. A processed payment is not confirmation of an approved application.

\*\*\*\$100 processing fee on any incomplete, ineligible, or returned applications.

**Payment**

Check or money order enclosed, payable to:  
**American Board of Wound Management**

Please charge my credit card:  
 VISA       MasterCard       American Express

---

Account Number

---

Expiration Date

---

Security Code

---

Cardholder Name

---

Cardholder Billing Address

---

Signature

Internal use only

Date Received:	Account Number:	Invoice Number:

**Mail to:**



**American Board of Wound Management**  
1155 15<sup>th</sup> St., NW, Suite 500 • Washington, DC 20005  
Tel: 202-457-8408 • Fax: 202-530-0659  
Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)

## ABOUT THE CERTIFIED WOUND SPECIALIST PHYSICIAN® (CWSP®)

The Certified Wound Specialist Physician (CWSP) credential demonstrates that the certified health professional possesses distinct and specialized knowledge thereby promoting quality of care for persons with wounds. Board certification as a wound specialist physician is voluntary and is not required by law for employment in the field, although some agencies may use board certification as a basis for employment, job promotions, salary increases, and other considerations.

It is important to understand that passing the examination verifies a certain level of knowledge in the field of wound management. It does not confer to the CWSP any permission to manage wounds beyond the limitations of the individual's professional practice.

Boundaries of practice are determined by state practice acts, not the certification examination. Job descriptions and job functions are determined by employing agencies, not the CWSP examination.

By certifying an individual as a Certified Wound Specialist Physician (CWSP), the American Board of Wound Management and its affiliates assume no responsibility for the action or activities of a CWSP and is released from all liability in any practice decision made in the delivery of wound care services.

ABWM provides equal opportunity to all applicants without regard to race, color, religion, age, sex, national origin, sexual orientation, physical or mental disability, veteran status or other legally protected categories.

## Objectives of Board Certification

To advance wound management as a professional discipline by:

- Identifying knowledge that is essential to the job of wound care specialists.
- Advancing cooperation and information exchange among the many disciplines and organizations involved in wound care.
- Recognizing those who meet the eligibility requirements for certification.
- Encouraging continued professional growth and development of individuals and the field of wound management.
- Raising standards and elevating the importance of ethical behavior among practitioners and researchers, by requiring the Certified Wound Specialist Physician to adhere to a strict code of ethics and professional standards.

## ABWM Administration

The board certification is sponsored by the American Board of Wound Management. For questions concerning eligibility, please contact us by:

Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) or Phone: 202-457-8408.

## Certification Status

The ABWM shall grant Diplomate status to those individuals who successfully pass the National Board Certification Examination for Wound Management Physicians. Such Diplomates shall be referred to as a "Certified Wound Specialist Physicians of the ABWM" and shall be entitled to use the title Certified Wound Specialist Physician and the designation CWSP after their name.

## Eligibility Requirements

To be eligible to sit for the CWSP examination, an applicant must be an MD, DO, or DPM, with at least three years of clinical wound care experience and direct patient care. Candidates with a professional license applying for ABWM exams must possess a full and unrestricted professional license in at least one state and in all states in which the candidate currently practices.

Candidates for Certified Wound Specialist Physician must meet all of the following criteria:

1. Completed application with all fields filled in with biographical information including social security number.
2. Provide a professional resume or curriculum vitae.
3. Provide a personal statement with a detailed description of three (3) years of clinical wound care experience and direct patient care.
4. Provide copies of professional licenses and board certifications.
5. Provide three (3) letters from professional references, sealed in original envelopes. Letters should discuss wound care knowledge, skills, and expertise, and must document the required years of experience. For candidates with one year fellowship experience, two of the three letters must be from the Fellowship program director and the CWS or CWSP who was directly involved in the applicant's training.
6. Read the ABWM Code of Ethics, and sign the statement on the application form, affirming adherence to this code.
7. Provide payment for the required application fee.
8. Complete the checklist form by initialing next to each application item.

\*Note: If you are currently a CWS, items 2-5 may be substituted with a copy of your current CWS Identification Card

All application materials must arrive at the ABWM at one time and in the same envelope. Candidates should allow a minimum of 15 business days for processing their application. Packets that arrive with materials missing will be returned delaying the application. FedEx and USPS certified mail are recommended. It is the sole responsibility of the candidate to ensure that all application materials arrive in the ABWM office.

## Attainment of Certification, Renewal, and Re-certification

The application and required documentation will be reviewed for completeness and appropriateness by the Executive Director who will recommend to the ABWM Credentials Committee approval or denial of the candidate's eligibility to sit for the National Board Certification Examination for the Certified Wound Specialist Physician. Those candidates who successfully complete the eligibility review and pass the written examination will be presented with the Certified Wound Specialist Physician (CWSP) credential. Candidates will be notified in writing directly by AMP of the examination results immediately upon completion of the examination.

Candidates successfully completing the requirements for certification shall be recognized as Certified Wound Specialist Physicians of the ABWM. A suitable certificate bearing the seal of the American Board of Wound Management shall be inscribed with the name of the

candidate. New Diplomates will be mailed a Welcome Packet from the ABWM including a Welcome Letter, Press Release, Employer Advocacy Letter, CWSP Pin, and CWSP Patch.

A Certified Wound Specialist Physician shall be required to pay annual renewal fees to ABWM. All Certified Wound Specialist Physicians will not need to renew their CWS certification any longer on an annual basis. A Certified Wound Specialist Physician must demonstrate a minimum of six (6) hours of continuing education per calendar year in the field of wound management. These hours can be achieved by attending live courses, participating online, through correspondence or by any continuing education organization. The submission of Continuing Education Unit shall be made with the annual renewal form. Continuing Education Units are subject to audit.

All certificates for certification in wound management shall carry a time limit of ten years for which the certificate is active. All Certified Wound Specialist Physicians shall be required to retake the CWSP examination every ten (10) years in order to maintain certification status and renew the certificate.

## Revocation of Certification

Certification will be revoked for the following reasons:

1. Failure to renew within thirty (30) days of renewal date, pay appropriate fee and note continuing education taken.
2. Conviction for any offense which prohibits the practice of their profession in any state.
3. Falsification of any information in connection with the application for certification or related documents.
4. If the Certified Wound Specialist Physician has any administrative, civil, or criminal determination by a state licensing agency or other appropriate agency or court of jurisdiction that causes his/her license to be suspended or results in probation or other restrictions. If your license is suspended or revoked, you may no longer use the CWSP designation until your license is reinstated.
5. Failure to adhere to the ethical requirement of the ABWM.
6. False advertising oneself as a Certified Wound Specialist Physician.
7. Advertising to the public in a false, deceptive, or misleading manner.

## Fees

CWSP First-time Application Fee .....	\$995.00
CWSP Re-test Fee .....	\$995.00
CWSP Examination Reschedule Fee (One time only) .....	\$0.00
CWSP Examination Reschedule Fee (After first reschedule) .....	\$150.00
CWSP Annual Renewal Fee.....	\$150.00
CWSP 10-Year Re-certification Fee .....	\$995.00

Make check or money order payable to:

### American Board of Wound Management

MasterCard, Visa, and American Express accepted

\* Certification fees for all approved applications and annual renewals are nonrefundable.

## Grievance Procedures

Applicants that have been deemed ineligible to sit for the examination may file a grievance with the ABWM. The individual should submit a letter to the ABWM Board of Directors, along with any applicable documentation. The grievance will be reviewed by the Board of Directors, who shall deliver a final decision within 30 days via certified mail.

## Review Material

In compliance with National Accrediting Standards, the ABWM does not provide review materials for the Certification Examination. It is the responsibility of the candidate to prepare by any means they feel are appropriate.

## Examination

The CWSP examination is based on a job task analysis (also known as a practice analysis or role delineation study) that is conducted periodically to determine the job content elements that are related to effective job performance. The results of this study are used to develop the content outline for each examination, and all versions of the examinations correspond to these specifications. More information about the job task analysis is available at [www.abwmcertified.org](http://www.abwmcertified.org).

An interdisciplinary team of MDs, DOs, DPMs supervised by the ABWM Examination Chair and Applied Measurement Professionals, Inc. (AMP), constructs the items included in the examination.

The Examination Committee meets two to three times a year to review the items and the examination itself for validation. All examination materials are under the control of AMP, and Examination Committee members do not have copies or notes from these committee meetings. AMP also runs statistical analysis on each examination and examination items to validate their effectiveness as examination questions.

The examination consists of 180 multiple-choice items (questions), 150 of which are used to compute candidates' scores. The examination includes 30 non-scored 'pretest' items that are interspersed throughout the examination. Pretesting is a common practice for certification examinations, which allows for evaluation of the items prior to using them for scoring. Performance on the pretest items does not affect your score. The examination covers five subject areas as described in the Content Outline (pages 29-30).

## Time Allocation for the Examination

Candidates are allowed up to four (4) hours to answer 180 multiple choice questions for the examination.

## Admission to Testing

Applications will be reviewed by the ABWM to verify that candidates meet the eligibility requirements. Once an application and documentation materials are submitted, individuals will be notified by AMP of the following:

- IF ELIGIBLE: You will receive a notice from AMP within 15 business days of the receipt of your completed application.
- IF NOT ELIGIBLE: Your certification fee, less a \$100 processing fee, will be returned to you with a notice of ineligibility.

- FAILURE TO RECEIVE ADMISSION NOTICE: A candidate not receiving an admission notice after being approved by the ABWM should contact AMP by calling 888-519-9901.

## Re-testing Policies

Candidates who do not pass the examination are eligible to re-take it 90 days after the date of their last examination, and up to two years after the date of their first examination. Candidates must file an ABWM Re-test Application and pay a \$995 re-application fee each time they re-test. Those who do not re-test within two years of their first examination must re-submit the application in full. Any candidate who does not achieve a passing score after three attempts must submit documentation of 20 hours of continuing education in wound management to the ABWM office prior to re-taking the examination a fourth time. The continuing education hours must be completed after the date of the candidate's last failed examination. An additional 20 hours of continuing education will be required for each additional attempt after a candidate's third failed examination.

## Appeals Policy

NO APPEAL may be taken from an adverse decision based on an individual's receipt of a failing grade on an ABWM examination absent extraordinary circumstances, as determined solely by the ABWM. A full outline of the appeals process for adverse decisions affecting certification as a CWCA, CWS, or CWSP is available in the Forms section of [www.abwmcertified.org](http://www.abwmcertified.org). The following adverse decisions affecting eligibility or certification by the American Board of Wound Management are subject to appeal: adverse administrative decisions, adverse substantive decisions, adverse disciplinary decisions. Any request for review must be postmarked within 30 calendar days of the notice of adverse decision.

## Report of Results

Candidates will receive notification of their results from AMP immediately upon completion of the examination. Note: Examination results will NOT be provided over the telephone or by facsimile by AMP or ABWM under any circumstances.

## Confidentiality

It is up to each candidate to notify an employer or others as to whether you have passed or failed the examination. Upon written inquiry, the ABWM will release information regarding the status of an individual's certification only, withholding information regarding scores or if an individual took the examination.

## CWSP Content Outline

**1. Wound Healing Environment (25 items)**

## A. Anatomy and Physiology:

1. Integumentary
2. Musculoskeletal
3. Vascular
4. Neurological
5. Lymphatic
6. Other systems

## B. Wound Healing:

1. Phases
2. Cell function
3. Acute vs. chronic

**2. Assessment and Diagnosis (40 items)**

- A. History
- B. Physical examination
- C. Wound and skin assessment
- D. Pain assessment
- E. Risk assessment
- F. Functional assessment
- G. Laboratory/Imaging
- H. Nutrition

**3. Patient Management (40 items)**

- A. Wound bed preparation/debridement
- B. Dressings
- C. Skin substitutes
- D. Topical agents
- E. Complications in repair (including bioburden)
- F. Nutrition
- G. Biophysical technologies:
  1. Electrical stimulation
  2. Ultrasound
- H. Compression therapy
- I. Negative pressure wound therapy
- J. Oxygen Therapy
- K. Pressure redistribution (i.e., offloading)

**4. Etiological Considerations (30 items)**

- A. Neuropathy
- B. Diabetes
- C. Venous insufficiency
- D. Ischemia
- E. Pressure ulcers
- F. Lymphedema
- G. Trauma
- H. Surgical complications
- I. Atypical wounds (e.g., malignancy)

**5. Professional Issues (15 items)**

- J. Dermatological
- K. Infectious
- L. Burns
- A. Documentation
- B. Patient adherence
- C. Legal Concepts
- D. Reimbursement and medical economics
- E. Medical ethics (e.g., palliative care, reasonable expectation of outcomes)
- F. Multidisciplinary teams
- G. Epidemiology
- H. Evidence based practice and research

*In addition to classifying by topic (above) items will be classified by task. Tasks that are eligible for assessment include:*

**Assessment & Diagnosis**

1. Obtain patient history
2. Perform physical examination
3. Order and interpret laboratory tests and imaging studies
  - a. Arterial and venous studies
  - b. TCPO<sup>2</sup>
  - c. MRI
  - d. MRA
  - e. Ultrasound
  - f. Nuclear medicine
  - g. X Ray
  - h. Biopsy
  - i. Cultures
4. Identify characteristics of the wound
  - a. Measurement
  - b. Periwound Appearance
  - c. Drainage
  - d. Tissue Types
    1. Exuberant Granulation
    2. Friable Granulation
    3. Significance of Changes
5. Determine etiology of the wound
  - a. Arterial
  - b. Venous
  - c. Lymphatic
  - d. Neoplastic
  - e. Pressure
  - f. Dermatological
  - g. Surgical
    1. Compartment Syndrome
    2. Wound Dehiscence
    3. Fistula
    4. Foreign Body
  - h. Traumatic/Skin Tears
  - i. Burns
    1. Thermal/radiation
    2. Chemical
    3. Mechanical
    4. Electrocution
    5. Parkland Formula/Fluid Resuscitation
  - j. Bites
  - k. Diabetic
  - l. Neuropathic
  - m. Infectious
    1. Osteomyelitis
    2. Necrotizing Fasciitis
    3. Abscess
    4. Sepsis
    5. Soft Tissue
  - n. Atypical
    1. Calciphylaxis
    2. Vasculitis/vasculopathy
    3. Stevens Johnson
    4. Collagen vascular disease (e.g., Lupus Erythematosus)
    5. Pyoderma Gangrenosum
  6. Determine severity of the wound
  7. Determine classification of the wound using:
    - a. Wagner classification
    - b. University of Texas classification
    - c. NPUAP (e.g., Stages I-IV, unstageable, suspected deep tissue injuries)
    - d. Rule Of Nines

**Treatment of Wounds**

1. Manage treatment of the wound using
  - a. Debridement
  - b. Hyperbaric oxygen therapy
  - c. Electrical stimulation
  - d. Contact and non-contact ultrasound
  - e. Negative pressure wound therapy
  - f. Compression therapy
  - g. Dressings and topical agents
  - h. Skin Substitutes
  - i. Surgical Procedures
    1. Skin Grafts
    2. Flaps
    3. Amputation
    4. Excision
    5. Incision and Drainage
  - j. Offloading measures (e.g., beds, special shoes)
2. Manage pharmacology
  - a. pain medications
  - b. antibiotics
  - c. systemic therapies (e.g., glucose control, transfusions)
3. Manage complications:
  - a. Bleeding
  - b. Allergic Reactions
  - c. Adverse Events
    1. Systemic
    2. Local
    - d. Scarring
4. Address nutritional deficits
5. Arrange for consultations and referrals
  - a. Burn Center
  - b. Hyperbaric
  - c. Endocrinology
  - d. Diabetes education
  - e. Surgical
  - f. Vascular
  - g. Infectious Disease
  - h. Physical Medicine
  - i. Orthotics
  - j. Social Services
  - k. Nutrition
  - l. Pain Management
  - m. Palliative/Hospice

**Wound Prevention**

1. Identify and manage patient risk factors
  - a. Addictions
    1. Nicotine
    2. Substance Abuse
  - b. Obesity
  - c. Diabetes
  - d. Malnourishment
  - e. Neurological Deficits
  - f. Orthopedic Misalignment
  - g. Unstable Scar
  - h. Radiation Therapy
  - i. Chronic Immunosuppression
  - j. Psychological
  - k. Socioeconomic
  - l. Residual Limb
2. Educate patients and their families
  - a. Social Support
  - b. Nutrition
  - c. Patient Responsibility/ Nonadherent Patient
3. Recommend and prescribe preventive measures to ensure patient safety

**Professional Issues**

1. Comply with documentation requirements
  - a. Legal
  - b. Reimbursement
  - c. HIPAA
  - d. Consent For Treatment
  - e. CMS "Never" Events (Present on Admission)
2. Identify and respond to issues related to medicoethics
  - a. Patient Competency
  - b. Advance Directives
  - c. Off Label Treatment
  - d. Indigent Patients
  - e. Treatment Choice
3. Identify and respond to issues related to medicoeconomics
  - a. Cost Consideration
  - b. Physician Compensation
  - c. Accountable care
4. Determine appropriate levels of care
  - a. Acute
  - b. Chronic
  - c. Home
5. Incorporate a critical evaluation of literature to practice
6. Apply principles of evidence-based medicine

## Sample Questions

The American Board of Wound Management National Board Certification Examination for Certified Wound Specialist Physician consists of five subject areas with a sample question from each of the areas listed below.

In consideration of the scope of the wound specialist physician's role encompasses the role of the wound specialists, many of the CWS exam items could also be applicable to the CWS examination.

Some items might be linked to a scenario.

1. Which of the following BEST explains the reason atherosomas and fibrous plaques form at major arterial bifurcations?
  - A. Laplace's law
  - B. disrupted laminar flow
  - C. an elevated apoprotein A level
  - D. elevated microcirculatory HDL levels

Answer: B

Content Category: 1

2. A patient presents with the following physiologic data: BMI 37 kg/m<sup>2</sup>, hemoglobin A1c 10%, BUN 27 mg/dL, serum creatinine 0.4 mg/dL, serum albumin 1.5 g/dL, ABI 0.4, and TcPO<sub>2</sub> 20 mm Hg bilaterally. Without intervention, what is the probability of foot ulcer healing in this patient?
  - A. less than 10%
  - B. 40%
  - C. 60%
  - D. more than 90%

Answer: A

Content Category: 2

3. A Chopart's amputation is rarely used because
  - A. the foot arch flattens over time.
  - B. it induces Charcot changes.
  - C. it allows the foot to go into equinus.
  - D. the heel pad is not anchored so only intermittent weightbearing is tolerated.

Answer: C

Content Category: 3

4. Which of the following BEST describes third-degree burns?
  - A. The entire dermis is destroyed.
  - B. These burns are extremely painful.
  - C. The extent of injury is readily apparent.
  - D. The wound may heal spontaneously without skin grafting.

Answer: A

Content Category: 4

5. Which of the following is the correct priority listing of health care proxies?
  - A. spouse, adult child, parent, sibling, court-appointed guardian
  - B. spouse, court-appointed guardian, adult child, parent, sibling
  - C. adult child, spouse, court-appointed guardian, parent, sibling
  - D. court-appointed guardian, spouse, adult child, parent, sibling

Answer: D

Content Category: 5

## Application Submission Checklist

Each of the following items needs to be included in your application packet. Once all documents have been collected, initial next to each item and include this form with your materials. Incomplete applications will be returned.

Initials: \_\_\_\_\_

1) Completed and signed **application** with all fields filled in with biographical information including social security number.

Initials: \_\_\_\_\_

2) By initialing here, I acknowledge and accept that I have read and agree to abide by the ABWM Code of Ethics on page 36.

Initials: \_\_\_\_\_

3) Provide a professional **resume** or **curriculum vitae**.

Initials: \_\_\_\_\_

4) Provide a personal statement with a detailed **description of 3 years** of clinical wound care experience and direct patient care.

Initials: \_\_\_\_\_

5) Copies of professional licenses and board certifications, as applicable.

Initials: \_\_\_\_\_

6) Three **letters from professional references** sealed in original envelopes. Letters should discuss wound care knowledge, skills, and expertise, and must document the required years of experience.

Initials: \_\_\_\_\_

7) **Payment** for the required fee. I understand that payment for an approved application is nonrefundable.

Initials: \_\_\_\_\_

8) Complete this **checklist form** by initialing next to each application item and including it with your application.

Initials: \_\_\_\_\_

\*If you are a current CWS, items 3-6 may be substituted with a copy of your current CWS Identification Card.

## Application for National Board Certification Examination

## Certified Wound Specialist Physician

---

Name

---

Submission Date

---

Social Security Number

---

Name and Credentials as you would like them to appear on your certificate

Please check off which applies to you:

- DO – Doctor of Osteopathy
- DPM – Doctor of Podiatric Medicine
- MD – Doctor of Medicine

**Mail to:**



**American Board of Wound Management**

**1155 15<sup>th</sup> St., NW, Suite 500 • Washington, DC 20005**

**Tel: 202-457-8408 • Fax: 202-530-0659**

**Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)**

## Application for National Board Certification Examination for Certified Wound Specialist Physician

1. Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

2. Organization or employer/affiliation \_\_\_\_\_

3. Permanent mailing address \_\_\_\_\_  
\*Please do not use a P.O. Box address.

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

4. Phone/Primary \_\_\_\_\_ Phone/Secondary \_\_\_\_\_

\* Please note that Primary phone number will appear in the Find a Specialist Directory online upon passing the certification examination.

5. Fax \_\_\_\_\_ Email \_\_\_\_\_

6. Professional title of position \_\_\_\_\_

7. Discipline or specialty \_\_\_\_\_

8. Education:

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

Highest Degree \_\_\_\_\_ Year Awarded \_\_\_\_\_ Institution \_\_\_\_\_

9. Professional work experience beginning with the most recent (please attach a copy of your resume/curriculum vitae):

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

**Dates:** From \_\_\_\_\_ to \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_

10. Current License (attach a copy of each):

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

License Type \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

11. Are you Board certified by another organization?  Yes  No

If yes, list certifications below and attach a copy of each certificate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. PLEASE ANSWER THE FOLLOWING QUESTIONS. ALL QUESTIONS MUST BE ANSWERED. If any of the questions are answered Yes, provide the details below and provide documentation to ABWM Executive Director Chris Murphy as soon as possible. Your application will not be processed until all information has been submitted.

1. Have you ever been denied licensure by any state?  Yes  No

(a) Has any state ever denied, restricted, suspended, or revoked your license, or placed your license on probation?  Yes  No

(b) Has your license to practice ever been limited in any way by a licensing agency, or a hospital or other healthcare facility in which you have been allowed to practice?  Yes  No

(c) Have you ever voluntarily surrendered your license during the course of a disciplinary investigation?  Yes  No

(d) Is your license the subject of a pending action or investigation?  Yes  No

2. Have you ever been denied privileges or voluntarily surrendered your clinical privileges?  Yes  No

3. Are you currently under indictment for or been convicted of a felony?  Yes  No

If you answered "yes" to any of the above, please provide details on a separate sheet of paper and include it when you submit your application.

13. Professional memberships:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Please include three professional references, sealed in original envelopes with your application. The letters should discuss your wound care knowledge, skills, and expertise, and must document the required years of experience. Please list your references in the space below:

Name _____	Telephone _____
Name _____	Telephone _____
Name _____	Telephone _____

## Code of Ethics

The American Board of Wound Management acknowledges the diversity of etiologies and associated problems that patients with chronic non-healing wounds endure. The American Board of Wound Management therefore supports the interdisciplinary commitment, which professionals from a variety of disciplines, can make to the field of wound management. The conduct of individuals certified by the American Board of Wound Management shall be consistent with all applicable local, state, and federal regulations, and with codes of conduct as established by the certified individual's primary discipline. Additionally, individuals who are certified by the American Board of Wound Management shall be committed to increasing their knowledge of the mechanisms of wound healing, tissue repair, and modalities to effectively treat indolent wounds. It is part of the mission of The American Board of Wound Management to safeguard the health and welfare of patients who seek the services of Certified individuals.

### a. Responsibility

All Certified practitioners must be responsible to determine that standards are applied evenly and fairly to all individuals who receive services. Certified individuals shall provide accurate documentation and timely feedback to members of the team, and other interested parties in order to assure coordinated, managed care. All reports will be objective and based upon an independent professional opinion within the Certified individual's expertise. Certified individuals will provide only those services for which the individual is competent and qualified to perform. Certified individuals will refrain from providing services, which are counter to the ethical standard of their discipline.

### b. Professional Conduct by Specialty

Certified individuals are obligated to maintain their education and competency such that it conforms to the standard of conduct both to the individual's community, practice and discipline. Wound management is a coordinated multidisciplinary and interdisciplinary effort. Certified individuals will conduct their professional behavior so that it facilitates the services of all team members for maximum benefit of the patient.

### c. Education, Training and Competence

Certified providers shall maintain high moral values, ethics, and professional competence. They shall recognize the limits of their skills and license. They shall offer services consistent with the standard of their profession. Certified individuals have an obligation to accurately

represent and disclose their training education, and experience to the public. Certified providers shall engage in continuing education. Certified providers recognize that the field of wound management is developing rapidly and shall be open to evaluate and consider new products and approaches to wound management. Certified providers should refrain from any activity which may result in harm to a patient without first considering alternatives to such an approach, seeking services which may achieve the same benefit without the associated risk, obtain consultations from other providers, and inform the patient of any risk inherent to any procedure or approach.

### d. Confidentiality

Certified providers are obligated to safeguard information obtained in the course of their involvement with a patient. Information may be released with a patient's permission; and circumstances where there is a clear and imminent danger to the patient, or others, and where required by court or subpoena. The patient has the privilege to the extent feasible and practical, and those cases where there would be no legal or clinical contraindications, to see their chart when this can be arranged at a mutually convenient time.

### e. Business Procedures

Certified providers will abide by all prevailing community standards. They will adhere to all federal, state and local laws regulating business practice. Competitive advertising must be honest, actual and accurate. Such advertising shall avoid exaggerated claims. Certified providers will not enter into any arrangement where fees are exchanged that would be likely to create conflict of interest or influence their opinion about service rendered. Certified providers shall engage in behavior which conforms to high standards of moral, ethical and legal behavior. Certified providers will not engage in sexual contact with patients.

### f. Research

Certified providers are encouraged to engage in research. In doing so, they shall have the safety of their subjects as a priority. Investigation shall be consistent with the traditions and practices of the certified individual's discipline.

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 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.

I HAVE READ AND AGREE TO ABIDE BY THE ABWM CODE OF ETHICS ON PAGE 35.

---

Signature

Date

## Request Letter of Reference

### Instructions to Candidate

Please fill in your name and give a copy of this form to each of the three professionals whom you will ask to write letters of reference for you.

---

Name of Candidate:

---

### Instructions to Reference

The person listed above requests that you provide a letter of reference to the American Board of Wound Management to support his or her application for the board certification examination to become a Certified Wound Specialist (CWS).

Should you have any questions, please contact the candidate directly, or contact the ABWM office at [info@abwmcertified.org](mailto:info@abwmcertified.org) or at 202-457-8408.

**Once the letter is complete, return it to the applicant in a sealed envelope.**

***Please note that all letters of reference should:***

- Be addressed to the ABWM Credentials Committee.
- Be written no earlier than six (6) months prior to the date of the candidate's application submission. Out of date references will not be accepted.
- Be written on official letterhead and include a current phone number (ABWM audits randomly and may need to call you to confirm your reference).
- Attest to the candidate's wound care knowledge and skills.
- Attest to the candidate's required years of experience in wound care: 3 years required, or 1-year fellowship.
- Be dated and signed.

## Payment of Fees

*Check all that apply.*

**Certified Wound Specialist Physician Examination – CWSP**

<input type="checkbox"/> Registration examination fee	\$995.00
<input type="checkbox"/> Examination re-test fee:	\$995.00
<input type="checkbox"/> Other _____ (fill in):	\$ _____
<b>Total:</b> \$ _____	

\*Payments are nonrefundable for approved applications.

\*\*Payments are processed upon receipt. A processed payment is not confirmation of an approved application.

\*\*\*\$100 processing fee on any incomplete, ineligible, or returned applications.

**Payment**

Check or money order enclosed, payable to:  
**American Board of Wound Management**

Please charge my credit card:  
 VISA       MasterCard       American Express

---

Account Number

---

Expiration Date

---

Security Code

---

Cardholder Name

---

Cardholder Billing Address

---

Signature

Internal use only

Date Received:	Account Number:	Invoice Number:
----------------	-----------------	-----------------

**Mail to:**



**American Board of Wound Management**  
1155 15<sup>th</sup> St., NW, Suite 500 • Washington, DC 20005  
Tel: 202-457-8408 • Fax: 202-530-0659  
Email: [info@abwmcertified.org](mailto:info@abwmcertified.org) • [www.abwmcertified.org](http://www.abwmcertified.org)

## Testing Agency

Applied Measurement Professionals, Inc. (AMP) is engaged in educational and occupational measurement and provides examination development and administration to a variety of client organizations. AMP assists ABWM in the development, administration, scoring and analysis of the Certified Wound Care Associate (CWCA), Certified Wound Specialist (CWS) and Certified Wound Specialist Physician (CWSP) examinations. AMP, located in the greater Kansas City area, is a leading provider of licensing and certification examinations for professional organizations.

## Nondiscrimination Policy

AMP does not discriminate among candidates on the basis of age, gender, race, color, religion, national origin, disability, marital status or any other protected characteristic.

## Examination Administration

Examinations are delivered by computer at over 170 AMP Assessment Centers located throughout the United States. The examination is administered by appointment only Monday through Friday at 9:00 a.m. and 1:30 p.m. Saturday appointments may be scheduled based on availability. Available dates will be indicated when scheduling your examination. Candidates are scheduled on a first-come, first-served basis.

## Assessment Center Locations

AMP Assessment Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of AMP Assessment Centers, including addresses and driving directions, may be viewed at AMP's website located at [www.goAMP.com](http://www.goAMP.com). Specific address information will be provided when you schedule an examination appointment.

## Scheduling an Examination

You will receive a postcard and email with instructions on how to schedule your examination. Make sure that your name and address are listed correctly and that you've been registered for the correct examination. If not, please call ABWM at 202-457-8408. You will have up to six (6) months to schedule and attempt your examination.

### Sample AMP Postcard



Once you have received instructions from AMP, there are two (2) ways to schedule your examination.

1. **Online Scheduling:** Go to [www.goAMP.com](http://www.goAMP.com) at any time and select "Candidates."

Follow the simple, step-by-step instructions to choose your examination and register for the examination.

OR

2. **Telephone Scheduling:** Call AMP at 888-519-9901 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday.

If you contact AMP by 3:00 p.m. Central Time on...	Depending on availability, your examination may be scheduled beginning...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

When you schedule your examination appointment, be prepared to confirm a location and a preferred date and time for testing. You will be asked to provide your Social Security number. When you call or go online to schedule your examination appointment, you will be notified of the time to report to the Assessment Center and if an email address is provided you will be sent an email confirmation notice.

If special accommodations are being requested, complete the *Request for Special Examination Accommodations* form included in this handbook and submit it to AMP at least 45 days prior to the desired examination date.

## Rescheduling an Examination

You may reschedule your appointment ONCE at no charge by calling AMP at 888-519-9901 at least 2 two (2) business days prior to your scheduled appointment. The following schedule applies.

If your Examination is scheduled on...	You must contact AMP by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday/Saturday	Tuesday

## Missed Appointment and Cancellations

You will forfeit your examination registration and all fees paid to take the examination under the following circumstances. A new, complete application and examination fee are required to reapply for examination.

- You cancel your examination after confirmation of eligibility is received.
- You wish to reschedule an examination but fail to contact AMP at least two business days prior to the scheduled testing session.
- You wish to reschedule a second time.
- You appear more than 15 minutes late for an examination.
- You fail to report for an examination appointment.

## Special Arrangements for Candidates with Disabilities

The ABWM and AMP comply with the Americans with Disabilities Act and strives to ensure that no individual with a disability as defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment is deprived of the opportunity to take the examination solely by reason of that disability. AMP will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call AMP at 888-519-9901 to schedule their examination.

1. Wheelchair access is available at all established Assessment Centers. Candidates must advise AMP at the time of scheduling that wheelchair access is necessary.
2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements and will be reviewed by AMP.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to AMP at least 45 calendar days prior to your desired examination date by completing the Request for Special Examination Accommodations form. AMP will review the submitted forms and will contact you regarding the decision for accommodations.

## Telecommunication Devices for the Deaf

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913-895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

## Inclement Weather, Power Failure or Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP's website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

## Taking the Examination

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your examination appointment, report to the Assessment Center no later than your scheduled testing time. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME, YOU WILL NOT BE ADMITTED.**

## Identification

Once you arrive at the location, look for signs indicating AMP Assessment Center check-in. To gain admission to the assessment center, you must present two (2) forms of identification. The primary form must be government issued, current and include your name, signature and photograph. Temporary ID is not accepted. You will also be required to sign a roster for verification of identity.

- Examples of valid primary forms of identification are: driver's license with photograph; state identification card with photograph; passport; military identification card with photograph.
- The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).
- If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

You must have proper identification to gain admission to the Assessment Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

## Security

AMP administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room. Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- Only silent, non-programmable calculators without alpha keys or printing capabilities are allowed in the testing room.
- No guests, visitors or family members are allowed in the testing room or reception areas.

## Personal Belongings

No personal items, valuables or weapons should be brought to the Assessment Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

- watches
- hats
- wallets
- keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings.

If any personal items are observed or heard (e.g., cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

## Examination Restrictions

- Pencils will be provided during check-in.
- You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive your score report.
- No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

## Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

- create a disturbance, are abusive, or otherwise uncooperative;
- display and/or use electronic communications equipment such as pagers, cellular phones;
- talk or participate in conversation with other examination candidates;
- give or receive help or are suspected of doing so;
- leave the Assessment Center during the administration;
- attempt to record examination questions or make notes;
- attempt to take the examination for someone else;
- are observed with personal belongings, or
- are observed with notes, books or other aids without it being noted on the roster.

## Copyrighted Examination Questions

All examination questions are the copyrighted property of ABWM. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part. Doing so may subject you to severe civil and criminal penalties.

## Computer Login

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your Social Security number. You will take your photograph which will remain on screen throughout your examination session. This photograph will also print on your score report.

## Practice Examination

Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at <http://store.lxr.com> and follow the instructions to access a Sample Web Test.

## Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen.

The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower menu bar on the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key. When the examination is completed, the number of examination questions answered is reported. If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

## Candidate Comments

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

## Following the Examination

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive an examination completion report.

## Scores Cancelled by ABWM or AMP

AMP is responsible for the validity and integrity of the scores they report. On occasion, occurrences, such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. ABWM and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

## Failing to Report for an Examination

If you fail to report for an examination, you will forfeit the registration and all fees paid to take the examination. A completed application form and examination fee are required to reapply for examination.

## Duplicate Score Report

You may purchase additional copies of your results at a cost of \$25 per copy. Requests must be submitted to AMP in writing. The request must include your name, Social Security number, mailing address, telephone number, date of examination and examination taken. Submit this information with the required fee payable to AMP in the form of a money order or cashier's check. Duplicate score reports will be mailed within approximately five (5) business days after receipt of the request and fee. Requests must be submitted within one year of your examination to be processed.



## Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

### Candidate Information

Candidate ID # \_\_\_\_\_

Requested Assessment Center: \_\_\_\_\_

Name (Last, First, Middle Initial, Former Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

### Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

---

---

---

Comments: \_\_\_\_\_

---

---

### PLEASE READ AND SIGN:

I give my permission for my diagnosing professional to discuss with AMP staff my records and history as they relate to the requested accommodation.

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

Mail or fax this form to AMP at:

Examination Services, AMP, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.

If you have questions, call the Candidate Support Center at 888-519-9901.



## Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required accommodations.

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ in my capacity as a  
Candidate Name \_\_\_\_\_ Date \_\_\_\_\_

My Professional Title \_\_\_\_\_

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of Disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

**Mail or fax this form to AMP at:**

**Examination Services, AMP, 18000 W. 105th St., Olathe, KS 66061-7543, Fax 913-895-4650.**

**If you have questions, call the Candidate Support Center at 888-519-9901.**



