

**Make a Difference!** The Wound, Ostomy, and Continence Nursing Certification Board thanks you for your interest in improving the future of healthcare.

**Eligibility ▪** Hold a current credential by the WOCNCB

**Requirements: ▪** Possess skills and attributes required for leadership, project development and implementation, and

are proficient in email and online communications

**The WOCNCB adheres to a strict Conflict of Interest Policy. Conflicts include:**

* Participation in developing or implementing any certification review materials or course sessions
* Acting as a faculty member or adjunct involved in curriculum development or implementation of a WOCN Society accredited education program
* Serving concurrently as voting member of the WOCN Society Regional or National Boards or any other national organization or certifying body that may influence decisions

First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text. Credentials: Click or tap here to enter text.

Preferred Place of contact: HOME WORK

Preferred Mailing Address: Click or tap here to enter text. City/State/Zip: Click or tap here to enter text.

Preferred Phone: Click or tap here to enter text. Preferred E-Mail Address: Click or tap here to enter text.

Employer: Click or tap here to enter text. Current Position: Click or tap here to enter text.

**You must choose 3 committee(s) and rank them in order of preference. (first choice “1” second choice “2” etc):**

###### 

Choose an item. Advanced Practice Committee

Choose an item. Exam Prep Committee

Choose an item. Foot Care Exam Committee

###### Choose an item. Item Review Committee

###### Choose an item. Marketing Committee

Choose an item. PGP Committee

Choose an item. Public Policy & Advocacy Committee

###### Choose an item. WOC Exam Committee

###### Choose an item. WTA-C Committee

**Statement of Interest:** Describe the reason for your interest to serve, and detail how it will benefit the organization.

Click or tap here to enter text.

**I can meet the following expectations:**

1. WOCNCB certification in good standing
2. Computer access, fax access for send/receive, and ability to receive e-mail and download files
3. Ability to participate in conference calls with the possibility of limited travel
4. Complete assignments in a timely manner prior to conference calls or meetings
5. Committee appointment terms range from 2 to 4 years and may be renewed one time
6. Agree to disclose information about any actual, potential or questionable conflict of interest for this committee or other service appointment. (This information is for disclosure purposes only.)
7. Submit a copy of your resume/CV with this application.

I acknowledge that I have met all the expectations listed above.

Signature: *Click or tap here to enter text.*

***Please submit completed application, no later than August 31, to the WOCNCB Office.***