



Examination Handbook

- Certified Wound Ostomy Continence Nurse (CWOCN®)
- Certified Wound Ostomy Nurse (CWON®)
- Certified Wound Care Nurse (CWCN®)
- Certified Ostomy Care Nurse (COCN®)
- Certified Continence Care Nurse (CCCN®)
- Certified Foot Care Nurse (CFCN®)

Advanced Practice:

- CWOCN-AP®
- CWON-AP®
- CWCN-AP®
- COCN-AP (SM)
- CCCN-AP (SM)



Examination Handbook

WOCNCB® EXAMINATION HANDBOOK

For the following credentials:

Certified Wound Ostomy Continence Nurse (CWOCN®)

Certified Wound Ostomy Nurse (CWON®)

Certified Wound Care Nurse (CWCN®)

Certified Ostomy Care Nurse (COCN®)

Certified Continence Care Nurse (CCCN®)

Certified Foot Care Nurse (CFCN®)

Advanced Practice:

CWOCN-AP®

CWON-AP®

CWCN-AP®

COCN-APSM

CCCN-APSM

A publication of the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB®)

Revised January 2014

NOTE: *The examination handbook may also be downloaded
and printed from the www.WOCNCB.org website.*

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WOCNCB®

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WOCNCB® EXAMINATION HANDBOOK

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It is the responsibility of certificants/candidates to ensure they are using the appropriate edition of the *Examination Handbook* and following the most current eligibility requirements.

INTRODUCTION

Congratulations! You have taken your first step to becoming a Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB®) certified nurse. We thank you for choosing the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB®) as your certifying agency. There are thousands of WOCNCB® certified nurses worldwide. We welcome you to join this select group of healthcare professionals.

ABOUT THE WOCNCB®

WOCNCB® was established in 1978 by the International Association of Enterostomal Therapy (IAET), now known as the Wound, Ostomy and Continence Nurses Society (WOCN®). It is incorporated as a separate, distinct and financially independent entity. The WOCNCB® is a national, non-governmental certifying agency organized to grant certification credentials to qualified nurses who are involved in providing care or education to individuals with wounds, ostomies, continence or foot care issues. The organization is dedicated to promoting excellence in the profession of wound, ostomy, continence and foot care nursing through development, maintenance and protection of the certification process. This process consists of fulfilling rigorous eligibility requirements that allow an individual to take the WOCNCB® certification exam.

Upon passing wound, ostomy, continence or foot care exams, individuals receive these credentials:

- CWOCN®** - Certified Wound Ostomy Continence Nurse
- CWCN®** - Certified Wound Care Nurse
- COCN®** - Certified Ostomy Care Nurse
- CWON®** - Certified Wound Ostomy Nurse
- CCCN®** - Certified Continence Care Nurse
- CFCN®** - Certified Foot Care Nurse

Advanced Practice:

- CWOCN-AP®**
- CWCN-AP®**
- COCN-APSM**
- CWON-AP®**
- CCCN-APSM**

The CWOCN®, CWCN®, COCN®, CWON® and CCCN® certification programs are accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC) and the National Commission for Certifying Agencies (NCCA). Accreditation by the prestigious ABSNC and NCCA assures that the WOCNCB® has met the most stringent and rigorous of standards in issuing its credentials. By meeting these standards, the WOCNCB® helps to ensure safe and expert practice of wound, ostomy and continence nursing.

Additionally, the WOCNCB® believes that ABSNC and NCCA accreditation assures that:

- The validity and integrity of credentials issued by the WOCNCB® are unquestionable and of the highest caliber.
- Fair and equitable standards have been met for each certificant who is certifying or recertifying.
- WOCNCB® certified nurses have earned credentials that are esteemed and valued among their peers, other medical professionals and employers.

The WOCNCB® is proud of the hard-earned ABSNC and NCCA accreditation, and we hope our certificants share our pride.

STATEMENT OF NONDISCRIMINATION POLICY

The WOCNCB® does not discriminate among certificants on any basis that would violate any applicable laws.

(RE)CERTIFICATION PHILOSOPHY

The WOCNCB® endorses the concept of voluntary, periodic certification. WOCNCB® certification focuses specifically on the individual and is an indication of current knowledge in a specialized area of nursing practice. Certification provides formal recognition of nursing knowledge in:

- wound
- ostomy
- continence
- foot care

The objectives of the WOCNCB® certification programs are to promote excellence in wound, ostomy, continence or foot care nursing by:

1. Recognizing formally those individuals who meet all the requirements of the WOCNCB®.
2. Encouraging continued professional growth in the practice of wound, ostomy, continence and foot care nursing.
3. Establishing and measuring the level of knowledge required for certification in wound, ostomy, continence and foot care nursing.
4. Providing a standard of knowledge required for certification, thereby assisting the employer, public and members of health professions in the assessment of wound, ostomy, continence and foot care nursing.

Recertification via examination is an indication that nurses in the specialty demonstrate continual learning and professional growth using current evidence-based practices in the area of wound, ostomy, or continence patient care. The WOCNCB® also established the Professional Growth Program (PGP) to recognize activities which go beyond routine WOC practice, or which represent progression of practice along the novice-to-expert continuum.

TESTING AGENCY

CASTLE Worldwide, Inc. is the professional testing agency secured by contract to assist the WOCNCB® in the development, administration, scoring and analysis of the certification examinations. CASTLE services also include the processing of applications and the reporting of examination results to candidates. CASTLE conducts professional competency assessment, job analysis survey and reporting and provides test administration for the credentialing programs.

CASTLE Worldwide, Inc.
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Morrisville, NC 27560
919-572-6880
email ibt@castleworldwide.com

ABOUT THE EXAMINATIONS

The WOCNCB® offers examinations in these specialty areas of nursing practice: Wound Care, Ostomy Care, Continence Care, Foot Care and Advanced Practice. CASTLE Worldwide, Inc., our testing agency, provides the WOCNCB® with computerized multiple-choice examinations developed by our Wound, Ostomy and Continence (WOC), Foot Care and Advanced Practice Committees. These committees include certified nurses with expertise in wound, ostomy, continence, foot care or advanced practice nursing. All questions are reviewed for relevancy, consistency, accuracy and appropriateness by the examination committee as well as by a special committee dedicated to item review.

There are 110 scored questions on each examination, plus 10 non-scored pretest questions. The 120 questions are not identified as scored or non-scored. Pretesting items allows the WOCNCB® to continually evaluate new examination questions so that we maintain high quality examinations. Pretesting is an accepted psychometric practice that allows the WOCNCB® to continually evaluate potential examination questions and facilitates the process for candidates receiving instant scores. The statistical performance of the pretest questions is evaluated, and questions that perform well can then be included on future examinations as scored questions. To keep the credentialing examinations secure and reflective of current practice, new questions are continuously developed and introduced in versions of the examinations. Examination scores are based upon only previously used examination questions.

Candidates are allowed 120 minutes to complete each examination. Examinations are administered individually and can be scheduled to be taken sequentially or on separate days.

CREDENTIALS

All WOCNCB® credentials are registered trademarks and can only be used after successfully completing the necessary examinations. Candidates passing the wound, ostomy and continence examinations within 12 months from the time of application will be awarded the Certified Wound Ostomy Continence Nurse (CWOCN®) or Advanced Practice (CWOCN-AP®) tri-specialty credential. Those passing the wound and ostomy exams within 12 months of exam application will be awarded the Certified Wound Ostomy Nurse (CWON®) or Advanced Practice (CWON-AP®) credential. Those passing two, three or four examinations outside 12 months will receive individual credentials as Certified Wound Care Nurse (CWCN®), Certified Ostomy Care Nurse (COCN®), Certified Continence Care Nurse (CCCN®), Certified Foot Care Nurse (CFCN®), or the Advanced Practice (COCN-AP®) (CCCN-APsm) (CWCN-AP®).

The above eleven credentials are the only valid/trademarked credentials issued by the WOCNCB®, and use of any other combination is prohibited. **CREDENTIALS ARE VALID FOR A PERIOD OF FIVE YEARS.**

ELIGIBILITY REQUIREMENTS FOR WOUND, OSTOMY OR CONTINENCE EXAMS

Candidates that do not currently hold the desired certification are considered an initial candidate, including candidates whose certification has lapsed. All candidates must take a certification exam to earn credentials initially.

DO NOT submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

NOTE: Applications incomplete after 90 days from the date of submission will be closed and the examination fee will be forfeited.

INITIAL (FIRST-TIME) CANDIDATES MUST:

1. Have a current RN License.
2. Hold a bachelor's (or higher) degree.
3. Have completed ONE of the following pathways of education or practice:
 - A. TRADITIONAL PATHWAY
 - Graduate from an accredited WOC Nursing Education Program. See page 16 for the program codes. For the most current list of programs, visit http://www.WOCNCB.org/pdf/WOCNEP_overview.pdf
 - The WOC(ET) Nursing Education Program must have been completed within the past 5 years (from date of exam application), or otherwise you must prove eligibility via the Experiential Pathway.
 - The WOC/ET Nursing Education Program must be accredited by the WOCN® Society at the time of graduation.
 - B. EXPERIENTIAL PATHWAY
 - The accumulation of direct patient clinical hours and continuing education credits (contact hours) must be earned post-bachelor's degree while practicing as an RN.
 - For each specialty for which certification is sought, 50 CE/CME credits (contact hours) or an equivalent in college course work must be completed over the five years previous to the date of application. All CE/CME credits (contact hours) or college course work must directly apply to the specialty area for which applied.
 - For each certification specialty, 1500 direct patient clinical hours must be completed within the previous five years. Further, 375 hours must have occurred within the year prior to application.
4. Submit exam application with applicable fee and support materials (see checklist on page 10).

RETAKE CANDIDATES MUST:

1. Be currently licensed as a Registered Nurse.
 - A copy of current RN license must accompany a completed application, if it has expired since your last exam.
2. There is a 30-day waiting period before retesting after an unsuccessful exam.
3. Submit exam application with applicable fee.
4. Successfully complete exams.

RECERTIFYING CANDIDATES MUST:

1. Be currently certified by the WOCNCB® with the credential in which recertification is being sought. If not, see Lapsed Credentials below.
2. Be currently licensed as a Registered Nurse.
 - A copy of current RN license must accompany a completed application.
3. Submit renewal application with applicable fee.
4. Successfully complete exams.

ANOTHER OPTION FOR RECERTIFICATION

PROFESSIONAL GROWTH PROGRAM (PGP)

As an alternative to testing for recertification, eligible candidates may choose to submit a professional portfolio online via the WOCNCB®'s Professional Growth Program. Visit the WOCNCB® website at www.WOCNCB.org/pgp/ for more information about application and portfolio submission requirements.



LAPSED CREDENTIALS, CANDIDATES MUST:

1. Be currently licensed as RN.
2. Hold a Bachelor's (or higher) degree.
3. Complete a WOC Nursing Education Program within the past (5) years (from date of exam application), or, follow eligibility via the Experiential Pathway (above.)
4. Successfully complete exams.
5. Candidates who are actively testing and their credentials lapse due to unsuccessful testing are allowed to take the exam within 90 days of the last attempt. If you have tested unsuccessfully beyond 90 days, you must apply as an initial candidate and adhere to the Experiential Pathway eligibility requirements.

ELIGIBILITY REQUIREMENTS FOR **ADVANCED PRACTICE WOUND, OSTOMY, OR CONTINENCE EXAMS**

Do Not submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

NOTE: Applications incomplete after 90 days from the date of submission will be closed and the examination fee will be forfeited.

To be eligible for the Advanced Practice certification exam(s) by the WOCNCB®, a certificant must fulfill the following requirements:

1. Hold a current RN or APN license. (A copy of the current license must be submitted with your application.)
2. Have completed a MSN or higher nursing degree program to become an APRN (Nurse Practitioner (NP), Clinical Nurse Specialist (CNS), Nurse-Mid Wife (NMW), Certified Registered Nurse Anesthetists (CRNA)). Candidates must document ANP education by submitting a copy of at least one of the following:
 - Transcript showing Nurse Practitioner or Clinical Nurse Specialist education at the Masters Level
 - Diploma showing Nurse Practitioner or Clinical Nurse Specialist education at the Masters Level
 - Current licensure as a Nurse Practitioner or Clinical Nurse Specialist
 - Current certification, by a nationally recognized body, as a Nurse Practitioner or Clinical Nurse Specialist
 - Letter from school of nursing stating MSN program prepared graduate as a CNS or NP.
3. Fulfill ONE of the following requirements to document basic Wound, Ostomy, and/or Continence knowledge:
 - a. Accredited Education Program Pathway (Fulfill ALL of the following requirements)
 - i. Complete a WOC Nursing Education Program that is accredited by WOCN®.
 - ii. Candidates are required to successfully complete exam(s) within five years of graduation from a Wound, Ostomy, Continence Education Program. Beyond five years, candidates are required to prove eligibility via the Experiential Pathway in order to take exams.
 - iii. The WOC Nursing Education Program must be accredited at the time of graduation.
 - iv. A copy of your certificate of completion/graduation must be submitted with your application. Please contact an accredited program for more information.
 - b. Experiential Pathway (Fulfill ALL of the following requirements)
 - i. Within each specialty for which certification is sought, 50 contact hours or an equivalent in college course work post-Bachelor's, must be completed over the previous five years. All contact hours or college course work must directly apply to the specialty area for which you apply.
 - ii. For each certification specialty, 1500 clinical hours must be completed over the previous five years. Further, 375 of those hours must have occurred within a year prior to application.
 - iii. Accumulation of contact and clinical hours must be earned post-Bachelor's and while functioning as an RN. Please read the complete instructions regarding documentation required in the Experiential Pathway section of this Handbook.
 - c. Hold current entry-level WOCNCB® certification in the specialty or specialties for which Advanced Practice certification is sought.

PLEASE NOTE: *These AP examinations DO NOT provide the individual with certification within an Advanced Practice role and population. These examinations provide specialty certification.*

RETAKE CANDIDATES MUST:

1. Be currently licensed as a Registered Nurse.
 - A copy of current RN license must accompany a completed application, if it has expired since your last exam.
2. There is a 30-day waiting period before retesting after an unsuccessful exam.
3. Submit retake exam application with applicable fee.

RECERTIFYING CANDIDATES MUST:

1. Be currently certified by the WOCNCB® with the credential in which recertification is being sought.
2. Be currently licensed as a Registered Nurse.
 - A copy of current RN license must accompany a completed application, if it has expired since your last exam.
3. Submit fees with exam application or AP portfolio using AP Handbook requirements.

ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM

Candidates that do not currently hold the desired certification are considered an initial candidate, including candidates whose certification has lapsed. All candidates must take a certification exam to earn credentials initially.

DO NOT submit an application before satisfying all eligibility requirements listed below. Documentation of eligibility must be provided with the candidate's application.

NOTE: *Applications incomplete after 90 days from the date of submission will be closed and the examination fee will be forfeited.*

ELIGIBILITY CHANGE

Effective **May 1, 2015**

ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM

INITIAL (FIRST-TIME) CANDIDATES MUST:

1. Have a current RN License.
2. Hold a Bachelor's Degree (or higher)
3. Complete BOTH of the following:
 - a. Accumulate a minimum of 25 CE/CME credits (contact hours) specific to foot care, and
 - b. Accumulate a minimum of 40 clinical hours under the direct supervision of an expert in foot care for example: Physician, Podiatrist, Nurse Practitioner, Physician Assistant, or a CFCN®. The expert MUST HAVE experience relevant to foot care.
 - Both the CE/CME credits (contact hours) and clinical hours must be specific to foot care and must be completed within the previous 5 years from the date of the application while functioning as an RN.
 - Note: Candidates that do not currently hold the desired certification are considered an initial candidate, including candidates whose certification has lapsed. All candidates must take a certification exam to earn credentials initially. All who currently hold the certification at that time will maintain and be able to recertify their CFCN® credential as long as there is no lapse in certification. If credentials lapse, a Bachelor's degree will be required for establishing certification.

RETAKE CANDIDATES MUST:

1. Be currently licensed as a Registered Nurse.
 - A copy of current RN license must accompany a completed application, if it has expired since your last exam
2. There is a 30-day waiting period before retesting after an unsuccessful exam.
3. Submit exam application with applicable fee.

RECERTIFYING CANDIDATES MUST:

1. Be currently certified by the WOCNCB® as a Certified Foot Care Nurse (CFCN®).
2. Be currently licensed as a Registered Nurse.
 - A copy of current RN license must accompany a completed application.
3. Submit renewal application with applicable fee.

ANOTHER OPTION FOR RECERTIFICATION

PROFESSIONAL GROWTH PROGRAM (PGP)

As an alternative to testing for recertification, eligible candidates may choose to submit a professional portfolio via the WOCNCB®'s Professional Growth Program. Visit the WOCNCB® web site at www.WOCNCB.org/recertification/foot-and-nail/pgp.php for the Foot Care Nursing PGP Handbook, and visit www.WOCNCB.org/pgp to complete your portfolio online.

NOTE: *Effective June 30, 2012, only online Foot Care portfolios will be accepted.*

INSTRUCTIONS FOR EXPERIENTIAL PATHWAY

VERIFICATION OF CONTINUING EDUCATION

Please upload or submit the following with your application:

1. Complete the online submission of Continuing Education or submit a Continuing Education Verification Form, located on page 36.
2. If using college credits, upload or submit a copy of the college transcript and a course syllabus that includes specific content areas and evidence of course hours.
3. If using CE/CME credits upload or submit a copy of all official CE/CME (contact hours) certificates.

Guidelines for submitting CE/CME Credits:

1. Accumulation of CE/CME credits are to be earned while practicing as an RN (and for wound, ostomy, continence specialties, post-bachelor's degree).
2. CE/CME credits (contact hours) required for each specialty must directly relate to the clinical focus and be completed over the last 5 years from the date of application. Accumulation of CE/CME credits are to be earned while practicing as an RN (and for wound, ostomy, continence specialties, post-bachelor's degree). You must identify the program date, course title, course provider and approved accrediting organization. If a submitted educational program covers multiple topics, the program brochure or topic outline with times listed must also be included with the application. A copy of all CE/CME certificates must be uploaded or submitted with the application.
3. CE/CME credits (contact hours) may only be used once; duplicate courses will not be accepted.
4. Certificates that are incomplete will not be accepted. Complete certificates must contain the name of the provider of the credits, an official signature, full course name and date, name of attendee, number of hours/credits, etc.
5. A list of tips is found on the www.WOCNCB.org website.

Programs must be provided by an accredited provider or approver of nursing continuing education (i.e. American Nurses Credentialing Center (ANCC) or state board of nursing) or sponsored by organizations, agencies, or educational institutions accredited or approved by the ANCC or state board of nursing (i.e. WOCN® Society).

VERIFICATION OF EXPERIENCE

Candidates applying for certification through the Experiential Pathway must complete the online verification of experience or submit an Experience Verification Form located on page 37. The WOCNCB® will contact your current supervisor to verify that in the past 5 years, you performed the required hours of direct patient care for the specialty area in which certification is being sought.

NOTE: *For foot care verification, clinical hours must be completed under the supervision of a foot care expert (i.e. podiatrist, nurse practitioner or CFCN®).*

Please upload or submit the Experience Verification Form with your application.

ELIGIBILITY PERIOD

Applications are processed on a rolling basis.

INITIAL CANDIDATES:

Once an application is approved, a Notice to Schedule (NTS) will be sent to you via email. At this time you will be able to schedule your exam session(s) during the next 12 months. You can only retake an exam 3 times within each 12 month period and must wait a minimum of 30 days between each testing attempt. At the end of 12 months if unsuccessful, you must reapply as an initial candidate to sit for future exams.

RECERTIFYING CANDIDATES:

Candidates will receive periodic email reminders about recertification beginning 18 months prior to the credential expiration date. To find your expiration date, either reference your official credential certificate login to your account at: www.castleworldwide.com/WOCNCB. Candidates may submit a Recertification Application up to 18 months prior to the credential expiration date and once the application is approved, a Notice to Schedule (NTS) will be sent. Testing eligibility begins the day the NTS is received for the next 365 days. Exams must be completed prior to credentials expiration. An exam can only be retaken 3 times within each 12 month period and Candidates must wait a minimum of 30 days between each testing attempt. If any attempts are unsuccessful or the credentials lapse, reapplication as an initial candidate must be completed.

STATUS OF YOUR APPLICATION

Allow sufficient time for application review (up to 30 days, depending on eligibility pathway). Candidates are encouraged to submit applications and supplemental materials as early as possible to allow for any unanticipated delays.

Application status can be checked online at any time by logging in to your account at www.castleworldwide.com/WOCNCB, or by calling CASTLE at 919-572-6880 for the status of a paper application.

EXAMINATION AND PGP FEES

Examination fees may be paid online with credit card or by mail via credit card, check or money order payable to Castle Worldwide in USD. DO NOT SUBMIT CASH.

All fees must be submitted with the application.

1 Specialty	\$375 USD
2 Specialties	\$490 USD
3 Specialties	\$590 USD
4 Specialties	\$650 USD

This fee schedule also applies to any exam including retakes, and for any combination of recertification pathways: by examination or Professional Growth Program, or combination of specialty examinations (i.e., wound, ostomy, continence or foot care certification).

Returned checks and credit card transactions that are declined will be subject to a \$50 handling fee. You must then send a certified check or money order for the amount due PLUS the \$50 USD handling fee to CASTLE.

RETAKE EXAM FEES

When retaking exams, the examination fee schedule above will apply.

SURCHARGE FEES (ONLY APPLIES TO EXAMINATIONS)

Candidates who have applied for more than one specialty examination can choose to schedule exams in a single testing period or multiple testing periods (see below).

- One examination (single 2-hour testing period)
- Two examinations (single 4-hour testing period)
- Three examinations (single 6-hour testing period)
- Four examinations (single 8-hour testing period)

Candidates who choose to schedule multiple testing periods will be charged a one-time surcharge fee of \$75.00.

A notification of the surcharge fee will occur during the scheduling process when a candidate selects multiple testing periods for more than one specialty exam in which they are eligible. The payment of the fee must be made at that time. The candidate will have the opportunity to change scheduling prior to payment submission and the surcharge will not occur.

EXAMPLE			
Eligible For	Single testing periods	Multiple testing periods	Surcharge
W, O, C	Three exam period (6 hour)		\$ 0
W, O, C		One exam period (2 hour) One exam period (2 hour) One exam period (2 hour)	\$75
W, O, C		Two exam period (4 hour) One exam period (2 hour)	\$75
W, O	Two exam period (4 hour)		\$ 0
W, O		One exam period (2 hour) One exam period (2 hour)	\$75

APPLICATION PROCESS

Review the Examination Handbook prior to completing the application. Failure to follow the instructions can lead to the denial of an application. **For questions regarding the application process, please contact CASTLE Worldwide, Inc. at 919-572-6880 or ibt@castleworldwide.com**

APPLICATION CHECKLIST

- 1. Complete the online application (www.castleworldwide.com/WOCNCB®). Only online applications will be accepted after January 2013.**
You must apply under the name that appears on your government-issued photo identification card. Please include maiden name if it is needed to confirm experience or training requirements. Provide complete information including all ZIP/postal codes, telephone numbers, and email addresses in order to expedite processing.
In order to receive important electronic correspondence regarding certification, please ensure that your email program will accept emails from ibt@castleworldwide.com.
- 2. Proof of current RN license**
Upload or submit a copy of the license, showing expiration date and state(s).
- 3. Proof of Education**
Upload or submit a copy of the required diploma or transcripts for the specialty level exam, according to the eligibility outlined on pages 5-7. Skip this step if applying for CFCN®.
- 4. If applying via Traditional Pathway, proof of successful completion of a WOC (ET) Program**
Enter the education program codes that are outlined in the handbook on page 16 (WOC Codes).
Upload or submit a copy of the certificate of completion or diploma.
- 5. If applying via Experiential Pathway, proof of continuing education credits for each specialty exam.**
Complete the Continuing Education Verification Form (online or paper).
For each specialty exam, upload or submit copies of CME/CE certificates, all earned in the past 5 years and **post-bachelor's degree**.
- 6. If applying via Experiential Pathway, verification from your supervisor of clinical hours for each specialty exam.**
Complete Specialty Clinical Experience online (Step 8) or the Verification Form, page 36.
Agree to the electronic attestation of clinical hours worked or sign and date Verification Form.
- 7. Include documentation of special disability if requesting special testing accommodations.**

8. Include examination fee.

Submit examination fee by secure online payment or make check payable to CASTLE Worldwide in USD.

NOTE: *Effective January 1, 2013, only online applications will be accepted.*

EXAMINATION PROCESS

SCHEDULING A TESTING SESSION

Upon approval of your application, CASTLE will send notification of eligibility to sit for the examination(s) and will provide a username, password, and directions on how to schedule a testing session. If you are eligible for more than one examination, you may schedule a single testing session for all examinations for which you are eligible, or you may schedule a separate testing session for each examination. Testing sessions are filled on a first-come, first-served basis, based on test center availability. At most computer-based testing locations, morning examinations begin at 9:00 a.m., and afternoon examinations begin at 1:00 p.m.

1. Schedule online. Visit CASTLE's website at www.castleworldwide.com/WOCNCB.

—OR—

2. Call CASTLE at 919-572-6880 to schedule a testing session.

When scheduling your examination, you will be asked the date, time and location you prefer. Allow ample time prior to credential expiration to schedule your exam(s) for preferred dates and test centers and to ensure date and site availability. We recommend applying at least 90 days prior to credentials expiration.

IMPORTANT: Be sure your scheduled exam is a date you can commit to. There is a \$50 re-scheduling fee if you must change this exam date. See "Rescheduling a Testing Session" on page 12 for more information.

TESTING CENTERS

CASTLE's computer-based testing network consists of more than 450 domestic (U.S. and Canada) test centers and over 200 international testing centers. For a list of testing centers visit: www.castleworldwide.com/mainsite/ibtsites/default.aspx.

You may schedule up to four exams in one day or on separate days, as long as all days are within the eligibility period for which you applied.

SCHEDULING OUTSIDE OF THE US AND CANADA FOR INTERNET BASED TESTING (IBT)

When you receive your Notice to Schedule (NTS) via email from CASTLE, you will have the option of taking the IBT examination outside of the U.S. and Canada. Please note that there is an additional fee of \$150 per testing session (up to two examinations per session) for international test sites. This additional fee will be collected by secure e-commerce when you submit your scheduling request.

PLEASE NOTE: *CASTLE cannot guarantee the availability of testing sessions at specific international locations, and the international testing locations are subject to change. CASTLE will make every effort to accommodate your request wherever possible.*

SPECIAL ADA ACCOMMODATION REQUEST

Reasonable accommodations provide candidates with disabilities a fair and equal opportunity to demonstrate their knowledge and skill in the essential functions being measured by the examination. Reasonable accommodations are decided based upon the individual's specific request, disability, documentation submitted and appropriateness of the request. Reasonable accommodations do not include steps that fundamentally alter the purpose or nature of the examination.

Reasonable accommodations generally are provided for candidates who have a physical or mental impairment that substantially limits that person in one or more major life activities (e.g., walking, talking, hearing and performing manual tasks); have a record of such physical or mental impairment; or are regarded as having a physical or mental impairment.

To apply for reasonable accommodations, the candidate must submit documentation provided by an appropriate licensed professional on the professional's letterhead. The documentation must include a diagnosis of the disability and specific recommendations for accommodations and must be submitted with your exam application.

RESCHEDULING A TESTING SESSION

If a candidate needs to cancel or reschedule the testing session, the request must be submitted through CASTLE's online scheduling system **at least four (4) business days** prior to the test date. A \$50 rescheduling fee will apply.

Day of Testing Appointment:	Must reschedule/cancel by:
Monday	Tuesday (of the previous week)
Tuesday	Wednesday (of the previous week)
Wednesday	Thursday (of the previous week)
Thursday	Friday (of the previous week)
Friday	Monday (of the current week)
Saturday	Tuesday (of the current week)

If the candidate does not appear for the testing session and has not cancelled or rescheduled at least four (4) business days prior to the scheduled test date, the testing fee will be forfeited. Candidates will be required to complete a Retake Application and pay an additional testing fee.

Exceptions to this policy will be made only for substantiated emergencies. Emergencies should be directed to ibt@castleworldwide.com. If a computer is not accessible, please call CASTLE directly at 919-572-6880.

EXAMINATION RULES

CASTLE follows industry standard testing rules as outlined below:

1. Candidates will be notified of the exact test location, date, and time. Please plan to arrive at least 15 minutes prior to the start of the testing session. Those who arrive late will not be permitted to test.
2. Candidates must bring photo identification with signature to the examination site. Acceptable forms of identification include driver's licenses, passports and government-issued identification cards **only**.
3. Each examination consists of 120 multiple-choice questions. Candidates will be permitted 120 minutes to complete each examination.
4. Prohibited Items: Candidates are expressly prohibited from bringing the following items to the test site:
 - cameras, cell phones, optical readers or other electronic devices that include the ability to photograph, photocopy or otherwise copy test materials
 - notes, books, dictionaries or language dictionaries
 - book bags, purses, handbags or luggage
 - Ipods, MP3 players, headphones or pagers
 - calculators (except as expressly permitted by the test sponsor), computers, PDAs or other electronic devices with one or more memories
 - personal writing utensils (i.e., pencils, pens and highlighters)
 - watches
 - food and beverage
 - hats, hoods or other headgear
 - coats and jackets

Please note that sweaters and sweatshirts without pockets or hoods are permitted.

If it is determined that a candidate has brought any such items to the test site, they may be requested and held by CASTLE testing staff. CASTLE reserves the right to review the memory of any electronic device to determine whether any test materials have been photographed or otherwise copied. If the review determines that any test materials are in the memory of any such device, CASTLE reserves the right to delete such materials or retain them for subsequent disciplinary action. Upon completion of the review and any applicable deletions, CASTLE will return the device, but will not be responsible for the deletion of any materials that may result from the review, whether or not such materials are test materials. By bringing any such device into the test site in violation of CASTLE policies, the candidate expressly waives any confidentiality or other similar rights with respect to the device, the review of the memory of the device and/or the deletion of any materials. CASTLE, the examination site, and the test administration staff are not liable for lost or damaged items brought to the examination site.

ENVIRONMENTAL DISTRACTIONS: Every attempt, within reason, is made to ensure a quiet and comfortable testing environment for all candidates. However, last minute needs and emergencies by building operators cannot be anticipated. It is suggested that candidates wear appropriate clothing to help adapt to a cooler or warmer climate in the examination room. Examination room temperature can be unpredictable. Bring ear plugs to muffle noise distractions.

EXAMINATION RESULTS

Examination results will be reported immediately at the test site. In addition, candidates may view their score results through the online credentialing system at www.castleworldwide.com/WOCNCB/. Scores will not be released by telephone, fax or email.

CERTIFICATES / WALLET CARDS

After passing the examination(s), candidates will receive a personalized certificate suitable for framing and a wallet card. Certificates are issued the month following your last completed exam, once you have taken all the specialties you applied for.

EXAMINATION RETAKES

If a candidate does not pass the examination, he or she may apply to retake the examination following a 30-day waiting period from his or her last testing attempt. Candidates must complete a Retake Application and pay applicable fees. Your retake application is accessed from your initial application, by logging into the online account and selecting "Retake." You do not need to re-establish eligibility or begin a new application. The application may be accessed at www.castleworldwide.com/WOCNCB/. If a candidate has not successfully completed the examination after three attempts, he or she will be required to submit a new application and supporting documentation following a six-month waiting period, during which additional study and training are recommended.

PREPARATION FOR THE EXAMINATION

DEMO TEST

CASTLE offers a free online tutorial and demo test to familiarize candidates with the computer-based testing environment. The online demo and tutorial are accessible at any time through any computer with Internet access. Candidates may access the tutorial and demo on CASTLE's web site www.castleworldwide.com.

PRACTICE TEST

The WOCNCB®'s Self Assessment Exam (SAE), which simulates the actual testing experience, is available on CASTLE's web site at <https://castleworldwide.com/castleweb/candidates/purchase-test/purchase-practice-test.aspx>. The SAE includes multiple-choice questions that reflect the content areas, level of difficulty and format of the actual certification examination. The SAE is accessible at any time through any computer with Internet access. There is a nominal fee for the practice test, which must be paid by credit card (MasterCard or Visa) through secure e-commerce.

POLICIES

CONFIDENTIALITY

Information about candidates and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

LAPSED CREDENTIALS

Refer to Eligibility Requirements on page 5 for those with lapsed credentials.

REFUNDS

A written explanation of extenuating circumstances must be submitted for refund consideration by the WOCNCB®. All refund requests must be submitted to the WOCNCB® office via email at info@WOCNCB.org.

The following rules apply:

ELIGIBLE REFUND REQUESTS FOR CONSIDERATION (MUST BE IN WRITING)

- Applicants who do not meet eligibility requirements
- Applications not completed within 90 days of submission
- Applicants who do not schedule an examination within the designated eligibility period
- Applicants withdrawing from an examination

If a refund is granted, the refund amount will be the original fee paid, less a processing fee of \$100.

If a refund is granted, a complete application, examination fee and documentation of eligibility are required to reapply for examination.

INELIGIBLE REFUND REQUESTS

- Applicants who are more than 15 minutes late to the scheduled examination
- Applicants who fail to appear for an examination on the scheduled date and did not cancel or reschedule at least 5 days in advance
- Applicants who fail to have proper identification at the examination site
- Applicants who violate examination rules and are dismissed from the Examination Center by the proctor

CREDENTIAL EXTENSIONS

Applicants currently certified by the WOCNCB® may request an extension of their credentials for the following reasons only.

The following rules apply:

- Must request the extension prior to expiration of current certification
- Must be seriously ill (or member of immediate family seriously ill), suffer from personal illness or injury, experience unavoidable natural disaster, or be in active military duty outside the United States. Documentation may be requested
- Must request the extension in writing to the WOCNCB® office by emailing info@WOCNCB.org

Once the extension request is received, it will be reviewed by the Credentialing and Review Committee, whereby a vote will determine if the candidate's credentials will be approved for extension.

If the extension is granted, it is for a maximum of six months only. No more than one extension request will be granted per candidate per five years.

REVOCACTION OF CERTIFICATION

The WOCNCB® will revoke certification for any reason deemed appropriate including, but not limited to, the following:

- Falsification of the certification application or application materials.
- Falsification of any information requested by the WOCNCB®.
- Knowingly assisting another person or persons in obtaining or attempting to obtain certification or recertification by fraud.
- Misrepresentation of certification status.
- Illegal use of the certification certificate or falsification of credentials. This would include any lapse in professional license during the five-year period and any appearance of revocation, including those due to any misdemeanor or felony charges.
- Cheating (or reasonable evidence of intent to cheat) on the examination.
- Unauthorized possession or distribution of official WOCNCB® testing or examination materials.

The WOCNCB® provides an appeal mechanism for challenging revocation of certification. It is the responsibility of the former certificant to initiate this process. The complete process may be found on the WOCNCB® website at www.WOCNCB.org by searching "Credentialing Review and Appeals." Written appeals should be forwarded to the WOCNCB® at the address listed on the website or the back cover of this handbook.

APPEALS POLICY AND PROCEDURE

An appeal policy and procedure is available to any Applicant or Certificant who has applied for WOCNCB® certification/recertification and wishes to contest any adverse decision affecting his/her certification/recertification status or eligibility. Any individual who does not file a request for an appeal within the required time limit shall waive the right to appeal.

1. Review of Eligibility Decisions. In the event of a determination that an individual has been denied certification or recertification, based on a failure to satisfy application or eligibility requirements, pay fees required by WOCNCB®, a change in certification status, or failure of the examination, the individual shall have thirty (30) days to file a written request for review.
2. Appeals process. The individual may file a written appeal request to the WOCNCB® office within thirty (30) days of the date of their receipt of the determination in the above instances. Once the request is received, it will be reviewed by the Credentialing and Review and Appeals Committee whereby, a vote will take place to determine if the eligibility decision will be upheld or reversed. If the eligibility decision is reversed, the Credentialing and Review and Appeals Committee will determine the terms and issue a decision in writing, on the request.

COPYRIGHTED EXAM QUESTIONS

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WOUND, OSTOMY OR CONTINENCE EXAMINATIONS

CODES FOR WOC(ET) NURSING EDUCATION PROGRAMS

Below is a listing of the WOC(ET) Nursing Education Programs currently accredited by WOCN® Society. If you are applying through the Traditional Pathway, you must specify on your application the appropriate code for the WOCN® accredited school from which you graduated.

EDUCATION PROGRAM	CODE
Cleveland Clinic WOC(ET) Education – Cleveland, OH	
Traditional	119
Split-option	219
Emory University – Atlanta, GA	
Traditional	121
Split-option	221
Distance Learning	321
Harrisburg Area – Harrisburg, PA (Wicks Educational Associates)	
Traditional	114
Split-option	214
Distance Learning	314
Wound Only	414
La Salle University – Philadelphia, PA	
Split-option	222
Distance Learning	322
Medical University of South Carolina – Charleston, SC	
Traditional	116
Split-option	216
Distance Learning	316
University of Virginia	
Traditional	111
University of Washington Education Program	
Wound Management – Split Option	123
V.A. Eastern Kansas Wound Management Academy	125
webWOC Nursing Education Program	
Distance Learning	324
Discontinued Programs	199

If you have graduated from a recently accredited school, please call the WOCNCB® for the code.

EXAMINATION CONTENT

To begin your preparation in an informed and organized manner, each candidate should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this Examination Handbook. The content outline will give you a general impression of the examination, and with closer inspection, can give specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis, a research study that involved sending surveys to practicing wound, ostomy and continence nurses. An advisory committee of subject matter experts appointed by WOCNCB® reviewed a summary of the responses of hundreds of nurses. The committee determined the content of the examination by evaluating the practice activities judged by the respondents to be a part of practice and significant enough to warrant inclusion in the examination. The Content Outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

Recall: The ability to recall or recognize specific information is required.

Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required.

Analysis: The ability to analyze and synthesize information, determine solutions or to evaluate the usefulness of a solution is required.

The entire examination consists of approximately 25 percent *recall* questions, 61 percent *application* questions and 14 percent *analysis* questions.

WOUND, OSTOMY AND CONTINENCE NURSING CERTIFICATION BOARD (WOCNCB) CERTIFIED WOUND CARE NURSE (CWCN) CERTIFIED OSTOMY CARE NURSE (COCN) CERTIFIED CONTINENCE CARE NURSE (CCCN) DETAILED CONTENT OUTLINE

DOMAIN I: WOUND CARE	Classification 010000	Items
Task 1: Assess Comprehensive Factors Affecting Wound Care	010100	17
Skill in:		
a. Performing initial assessment (e.g., history and presentation, comorbidities, cultural diversity, age, medications, psychological issues)	010101	
b. Identifying etiologic factors (e.g., circulation, neuropathic, pressure, moisture, continence, cognition, chemical assault)	010102	
c. Interpreting nutritional status (e.g., lab values, diet history, BMI, appearance)	010103	
d. Interpreting pain using verbal and nonverbal tools	010104	
e. Evaluating wound and periwound characteristics (e.g., dimensions, drainage, odor, color, maceration, temperature, delayed wound healing)	010105	
f. Determining phase of wound healing through patient and wound assessment	010106	
g. Identifying and supporting patient and family goals (e.g., palliative, curative)	010107	
h. Educating the patient and family on the procedures, rationale, and significance of diagnostic test results	010108	
i. Identifying factors affecting care (e.g., patient and caregiver ability to learn and perform care, economic implications, education, family dynamics)	010109	
Task 2: Implement Principles of Wound Management	010200	17
Skill in:		
a. Preventing complications of wound healing (e.g., infection, maceration, inappropriate product use)	010201	
b. Recommending appropriate pain management modalities	010202	
c. Recommending appropriate wound cleansing regimen	010203	

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d. Identifying the need for wound culture (e.g., delayed wound healing, signs and symptoms of infection)	010204	
e. Differentiating the most appropriate method for wound culture (e.g., aspirate, Levine, punch biopsy)	010205	
f. Identifying indications and contraindications for debridement	010206	
g. Recommending the type of debridement (e.g., autolytic, chemical, mechanical, surgical, conservative sharp)	010207	
h. Identifying wounds that require chemical cauterization	010208	
i. Identifying the need for advanced modalities for wound cleansing and debridement (e.g., pulsed lavage, mist therapy, maggot therapy)	010209	
j. Recommending appropriate topical treatment to maintain periwound integrity	010210	
k. Recommending and applying dressings for moist wound healing (e.g., containment of drainage, eliminate dead space, reduce bioburden, control odor, debridement)	010211	
l. Identifying wounds appropriate for advanced wound therapy (e.g., leech therapy, bioengineered tissue, negative pressure wound therapy, hyperbaric oxygen therapy)	010212	
m. Educating patients and caregivers regarding wound healing (e.g., infection, tobacco cessation, nutrition, optimal health choices, causative factors)	010213	
n. Facilitating appropriate interdisciplinary consultations (e.g., surgical, pain clinic, orthotics, nutrition, social services, pastoral care, physical therapy, occupational therapy, mental health professional)	010214	
Task 3: Assess and Manage Pressure Ulcers	010300	16
Skill in:		
a. Conducting and interpreting risk assessment (e.g., Braden Scale, Norton Scale)	010301	
b. Identifying wounds that are pressure related	010302	
c. Identifying pressure ulcer stage according to the current standard(s) (e.g., NPUAP, EPUAP)	010303	
d. Identifying the causative factor(s) (e.g., trauma, medical devices, immobility)	010304	
e. Evaluating the effectiveness of the current treatment plan	010305	
f. Recommending/Implementing interventions to manage wound and periwound	010306	
g. Implementing interventions based on risk assessment (e.g., moisture management, pressure redistribution, nutrition, cognition, mobility, offloading)	010307	
h. Educating patient and caregivers regarding condition specific content (e.g., nutrition, moisture management, repositioning)	010308	
i. Recommending appropriate consultations (e.g., physical therapist, occupational therapist, nutritional counselor, wound center, physician and non-physician provider)	010309	
Task 4: Assess and Manage Lower Extremity Venous Disease	010400	15
Skill in:		
a. Identifying wound and periwound characteristics (e.g., edema, gaiter area, irregular borders, hemosiderin staining, copious exudate, stasis dermatitis, lipodermatosclerosis)	010401	
b. Differentiating wound etiology (e.g., venous insufficiency, lymphatic disease, atrophie blanche, arterial insufficiency, trauma, thrombus, mixed disease)	010402	
c. Conducting focused assessment (e.g., quality of pulses, capillary refill, appearance of skin, hair and nails, edema, protective sensation, proprioception)	010403	

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d. Recommending appropriate vascular studies (e.g., ankle-brachial index (ABI), transcutaneous oxygen pressure (TcPO ₂), duplex scanning)	010404	
e. Recommending/implementing interventions to manage wound and periwound	010405	
f. Recommending compression therapy to manage edema (e.g., dynamic and static compression therapy)	010406	
g. Educating patient and caregivers regarding condition specific content (e.g., lifelong commitment to compression therapy, skin care, edema management, exercise)	010407	
h. Recommending appropriate consultations (e.g., certified compression fitter, nutrition counselor, wound center, lymphedema therapist, mental health professional, physician and non-physician provider)	010408	
Task 5: Assess and Manage Lower Extremity Arterial Disease	010500	15
Skill in:		
a. Identifying wound and periwound characteristics (e.g., distal extremity, dependent rubor, “punched out” appearance, pale, dry wound bed, absence of hair, intermittent claudication)	010501	
b. Differentiating wound etiology (e.g., vasculitis, pressure, pyoderma gangrenosum, atrophie blanche, arterial insufficiency, trauma, thrombus, mixed disease)	010502	
c. Conducting focused assessment (e.g., quality of pulses, capillary refill, appearance of skin, elevational pallor, hair and nails, edema, protective sensation, proprioception)	010503	
d. Recommending appropriate vascular studies (e.g., ankle-brachial index (ABI), transcutaneous oxygen pressure (TcPO ₂), duplex scanning, toe-brachial index (TBI))	010504	
e. Recommending/implementing interventions to manage wound and periwound	010505	
f. Recommending non-invasive and invasive interventions (e.g., pharmacological, walking program, surgical)	010506	
g. Educating patient and caregivers regarding condition specific content (e.g., tobacco cessation, trauma avoidance, positional risk factors)	010507	
h. Recommending appropriate consultations (e.g., vascular surgeon, nutrition counselor, hyperbaric oxygen therapy, mental health professional)	010508	
Task 6: Assess and Manage Lower Extremity Neuropathic Disease	010600	15
Skill in:		
a. Identifying wound and periwound characteristics (e.g., callus, erythema, edema, varying amounts of exudate, location)	010601	
b. Differentiating wound etiology (e.g., pressure, arterial insufficiency, trauma, Hansen’s disease, Charcot disease, hammer toes, motor neuropathy, sensory neuropathy, autonomic neuropathy)	010602	
c. Conducting focused assessment (e.g., quality of pulses, capillary refill, appearance of skin, hair and nails, edema, protective sensation, proprioception)	010603	
d. Recommending appropriate studies (e.g., laboratory, radiography, toe-brachial index (TBI), ankle-brachial index (ABI), transcutaneous oxygen pressure (TcPO ₂), duplex scanning)	010604	
e. Recommending/implementing interventions to manage wound and periwound (e.g., off-loading, orthotics, protective footwear, tight glucose control, callus reduction, total contact casting, hyperbaric oxygen therapy)	010605	
f. Educating patient and caregivers regarding condition specific content (e.g., tobacco cessation, regular foot care, trauma avoidance, tight glucose control)	010606	

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g. Recommending appropriate consultations (e.g., surgeon, pedorthist, podiatrist, endocrinologist, certified diabetes educator, nutritional counselor, wound center, mental health professional)	010607	
Task 7: Assess and Manage Other Types of Wounds	010700	15
Skill in:		
a. Identifying wound and periwound characteristics (e.g., well approximated incision, poorly defined wound edges, necrosis, cellulitis, dermatitis, avascular changes, epibole)	010701	
b. Differentiating wound etiology (e.g., surgical, trauma, autoimmune, neoplastic, thermal injury, bacterial infection, fungal infection, viral infection, allergic reaction)	010702	
c. Conducting focused assessment (e.g., history and presentation)	010703	
d. Recommending appropriate studies (e.g., biopsy, laboratory, radiography, vascular)	010704	
e. Recommending/implementing interventions to manage wound and periwound (e.g., advanced wound care modalities)	010705	
f. Educating patient and caregivers regarding condition specific content (e.g., infection control, wound care, lifestyle changes, conformance to safety standards, treatment goals)	010706	
g. Recommending appropriate consultations (e.g., surgeon, infectious disease, dermatologist, nutritional counselor, wound center, mental health professional, palliative care)	010707	

DOMAIN II: OSTOMY CARE	<i>Classification</i> <i>020000</i>	<i>Items</i>
Task 1: Assess Factors Affecting Fecal and Urinary Diversion	020100	12
Skill in:		
a. Evaluating pain and psychological adjustment using verbal and nonverbal tools	020101	
b. Performing initial assessment (e.g., history and presentation, comorbidities, cultural diversity, age, medications, psychological issues)	020102	
c. Identifying etiologic factors (e.g., cancer, genetic and physical anomalies, digestive disorders, autoimmune disease, trauma, necrotizing enterocolitis)	020103	
d. Evaluating stoma and peristomal skin (e.g., protrusion, location, mucocutaneous junction, color, os location, pouching surface alterations)	020104	
e. Identifying and supporting patient and family goals (e.g., palliative, curative, temporary, permanent)	020105	
f. Assessing the patients' and caregivers' ability to learn (e.g., preoperative needs, postoperative care, long term management, self-care)	020106	
g. Assessing optimal stoma location to accommodate patient needs (e.g., abdominal contours, clothing choices, pouching options, lifestyle, proposed surgery)	020107	
Task 2: Implement Management Principles of Fecal and Urinary Diversion	020200	12
Skill in:		
a. Recommending optimal stoma location to accommodate patient needs (e.g., stoma site marking)	020201	
b. Implementing interventions based on stoma's appearance (e.g., necrosis, retraction, prolapse, ischemia, separation, strangulation)	020202	
c. Implementing interventions based on peristomal skin alteration (e.g., irritation/dermatitis, infection, herniation, ulceration)	020203	

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d. Implementing appropriate pouching system based on individual needs (e.g., abdominal contours, life style, physical limitations, effluent, odor control)	020204	
e. Providing ostomy management to specialty populations (e.g., obstetric, neonatal, pediatric, adolescent, bariatric, geriatric)	020205	
f. Educating patient and caregivers across the life span (e.g., activity, dietary needs, hydration, medications, pouching options, sexual counseling, ongoing support, age specific considerations)	020206	
g. Facilitating appropriate interdisciplinary consultations (e.g., surgical, pain clinic, nutrition, social services, pastoral care, physical therapy, occupational therapy, mental health professional, support groups)	020207	
Task 3: Assess and Manage Colostomy	020300	14
Skill in:		
a. Differentiating the implications of colostomy types	020301	
b. Identifying management plan based on type of colostomy (e.g., irrigation, closed pouch, drainable pouch)	020302	
c. Preparing patient and caregivers regarding reversal of temporary colostomy (e.g., wound care, stooling pattern, diagnostic tests, procedure)	020303	
d. Educating patient and caregivers on management techniques (e.g., irrigation, dietary and fluid modification, pouching techniques, change frequency, skin care, distal segment of bowel)	020304	
Task 4: Assess and Manage Ileostomy	020400	14
Skill in:		
a. Differentiating the implications of ileostomy types (e.g., permanent, temporary, staged procedure)	020401	
b. Identifying management plan based on type/amount of effluent (e.g., drainable pouch, high output, no effluent)	020402	
c. Managing peristomal complications (e.g., pseudoverrucous lesions, chemical dermatitis)	020403	
d. Preparing patient and caregivers regarding reversal of temporary ileostomy (e.g., wound care, stooling pattern, diagnostic tests, procedure)	020404	
e. Educating patient and caregivers on management techniques (e.g., complications, dietary and fluid modification, pouching techniques, change frequency, skin care, distal segment of bowel)	020405	
Task 5: Assess and Manage Ileal Conduit	020500	14
Skill in:		
a. Identifying management plan (e.g., pouching options for day and night, mucous, stents, moisture wicking)	020501	
b. Managing peristomal complications (e.g., pseudoverrucous lesions, encrustations)	020502	
c. Collecting sterile urine specimen from ileal conduit	020503	
d. Educating patient and caregivers on management techniques (e.g., dietary and fluid modification, pouching techniques, change frequency, skin care, signs and symptoms of dehydration, infection)	020504	

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Task 6: Assess and Manage Continent Fecal Diversions	020600	10
Skill in:		
a. Differentiating the implications of continent fecal diversion options (e.g., ileal pouch-anal anastomosis (IPAA), Koch pouch)	020601	
b. Identifying management plan (e.g., staged procedure, intubation, mucous discharge, lavage)	020602	
c. Managing complications (e.g., pouchitis, valve failure, obstruction, fistula, increased transit time)	020603	
d. Educating patient and caregivers on management techniques (e.g., dietary and fluid modification, stoma care, intubation schedule, stooling frequency, perianal skin care, signs and symptoms of dehydration, infection)	020604	
Task 7: Assess and Manage Continent Urinary Diversions	020700	11
Skill in:		
a. Differentiating the implications of continent urinary diversion options (e.g., orthotopic neobladder, Indiana pouch)	020701	
b. Identifying management plan (e.g., catheter securement, irrigation, voiding schedule, clean intermittent catheterization)	020702	
c. Managing complications (e.g., pouchitis, valve failure, obstruction, fistula, increased transit time, dehydration, infection, spontaneous rupture)	020703	
d. Educating patient and caregivers on management techniques (e.g., dietary and fluid modification, stoma care, sexual counseling, skin care, pelvic floor muscle exercises, absorbent products)	020704	
Task 8: Assess and Manage Fistulas	020800	12
Skill in:		
a. Differentiating type of fistula (e.g., colovaginal, enterocutaneous, vesicovaginal, acute, chronic)	020801	
b. Identifying etiologic factors of fistula development (e.g., radiation, infection, surgery, compromised patient)	020802	
c. Identifying management plan (e.g., containment devices, pouching techniques, skin care, negative pressure wound therapy)	020803	
d. Educating patient and caregivers on management techniques (e.g., dietary and fluid modification, stoma care, skin care, absorbent product, emotional support)	020804	
Task 9: Assess and Manage Percutaneous Tubes and Drains	020900	11
Skill in:		
a. Differentiating type of percutaneous tubes and drains (e.g., gastrostomy, jejunostomy, nephrostomy, Jackson Pratt, Hemovac, Penrose)	020901	
b. Identifying management plan (e.g., stabilization, patency, skin care)	020902	
c. Managing complications (e.g., dislodgement, hypertrophic tissue, blockage, leakage)	020903	
d. Educating patient and caregivers on management techniques (e.g., irrigation, skin care, stabilization, patency)	020904	

WOUND, OSTOMY AND CONTINENCE NURSING CERTIFICATION BOARD (WOCNCB)
 CERTIFIED WOUND CARE NURSE (CWCN) CERTIFIED OSTOMY CARE NURSE (COCN)
 CERTIFIED CONTINENCE CARE NURSE (CCCN) DETAILED CONTENT OUTLINE — CONTINUED

DOMAIN III: CONTINENCE CARE		<i>Classification 030000</i>	
Task 1: Assess Principles of Continence		030100	18
Skill in:			
a.	Performing initial history (e.g., presentation, bowel and bladder habits, medical-surgical, genitourinary, medications, psycho-social, sexuality, dietary habits, pain, smoking)	030101	
b.	Obtaining and interpreting diaries (e.g., elimination, intake, leakage)	030102	
c.	Performing physical assessment (e.g., abdomen, skin, urogenital, pelvic, neuromuscular, sphincter, post-void residual)	030103	
d.	Identifying factors affecting care (e.g., patient and caregiver ability to learn and perform care, economic implications, functional ability, environmental, caregiver support)	030104	
e.	Recommending appropriate diagnostic studies (e.g., urodynamics, post-void residual, radiography, endoscopy, laboratory)	030105	
Task 2: Implement Management Principles for Urinary Incontinence		030200	18
Skill in:			
a.	Differentiating types of incontinence (e.g., transient/reversible, reflex, stress, functional, urge, overflow, mixed, nocturnal enuresis)	030201	
b.	Identifying etiologies and contributing factors (e.g., dietary, retention, obstruction, functional impairment, neurological)	030202	
c.	Implementing management techniques (e.g., dietary, fluid, behavioral techniques, pelvic floor muscle exercises, environmental modifications, containment devices, absorbent products, intermittent catheterization, pharmacological)	030203	
d.	Managing incontinence complications (e.g., Incontinence Associated Dermatitis (IAD), infection)	030204	
e.	Educating patient and caregivers on healthy bladder and bowel habits (e.g., emptying maneuvers, skin care, dietary and fluid modification, pelvic floor muscle exercises, preventing urinary tract infection)	030205	
f.	Recommending appropriate consultations (e.g., mental health professional, physician and non-physician providers, support groups)	030206	
Task 3: Assess and Manage Stress Incontinence		030300	14
Skill in:			
a.	Identifying causative factors of stress incontinence (e.g., urethral hypermobility, chronic cough)	030301	
b.	Implementing management techniques (e.g., pelvic floor muscle exercises, “Knack”)	030302	
c.	Recommending appropriate consultations (e.g., devices, biofeedback, electrical stimulation, surgical intervention)	030303	
Task 4: Assess and Manage Urge Incontinence		030400	14
Skill in:			
a.	Identifying causative factors of urge incontinence (e.g., fluid intake, bladder irritants, dietary factors, overactive bladder, sensory)	030401	
b.	Implementing management techniques (e.g., urge inhibition, bladder training, dietary and fluid modification, pelvic floor muscle exercises)	030402	

WOUND, OSTOMY AND CONTINENCE NURSING CERTIFICATION BOARD (WOCNCB)
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 CERTIFIED CONTINENCE CARE NURSE (CCCN) DETAILED CONTENT OUTLINE — CONTINUED

c. Recommending appropriate consultations (e.g., neuromodulation, biofeedback, pharmacological therapy)	030403	
Task 5: Assess and Manage Functional Incontinence	030500	14
Skill in:		
a. Identifying causative factors of functional incontinence (e.g., physical limitations, cognitive deficits, environmental factors, clothing options)	030501	
b. Implementing management techniques (e.g., fluid intake, individualized scheduled toileting, prompted voiding, environmental modifications, containment options)	030502	
c. Recommending appropriate consultations (e.g., physical therapy, occupational therapy, social worker)	030503	
Task 6: Assess and Manage Other Voiding Disorders	030600	14
Skill in:		
a. Identifying causative factors of other voiding disorders (e.g., transient/reversible, overflow, post-prostatectomy incontinence, mixed incontinence, nocturia, urgency/frequency without leakage)	030601	
b. Implementing an individualized plan of care based on assessment (e.g., double voiding, pelvic floor muscle exercises, dietary and fluid modification)	030602	
c. Implement management techniques for urinary retention (e.g., intermittent catheterization, indwelling catheters, prevention of infection, catheter complications)	030603	
Task 7: Implement Management Principles for Bowel Dysfunction	030700	18
Skill in:		
a. Differentiating types of dysfunction (e.g., fecal impaction, diarrhea, constipation, incontinence, microbial)	030701	
b. Identifying etiologies and contributing factors (e.g., dietary, fluid, obstruction, psychological, functional impairment, neurological)	030702	
c. Recommending/Implementing management techniques (e.g., fluids, diet, exercise, pharmacological, behavioral techniques)	030703	
d. Managing incontinence complications (e.g., containment devices, absorbent products, Incontinence Associated Dermatitis [IAD])	030704	
e. Educating patient and caregivers on healthy bowel habits (e.g., bowel training, skin care, dietary and fluid modification)	030705	
f. Recommending appropriate consultations (e.g., mental health professional, physician and non-physician providers, support groups)	030706	

SAMPLE QUESTIONS – WOUND, OSTOMY AND CONTINENCE EXAMS

These sample questions are representative of actual examination questions. Additional study questions are available in the WOCNCB® Self-Assessment Examinations (SAE) at www.WOCNCB.org/become-certified/test-preparation/self-assessment.php. The SAE provides self assessment (or practice) to measure your professional knowledge and prepare you for the actual credentialing examination. The web-based SAEs give you instantaneous scoring and results, along with feedback and references on your answers.

1. The normal appearance of a wound on a patient with leukopenia 5 days following traumatic injury would most likely be
 - A. absence of inflammation.
 - B. hypertrophic scar formation.
 - C. intense erythema at the wound edges.
 - D. excessive granulation tissue in the wound bed.
 2. The most important intervention in the management of chronic venous insufficiency is
 - A. compression.
 - B. revascularization.
 - C. antibiotic therapy.
 - D. wound debridement.
 3. If a patient has full-thickness breakdown on both trochanters and partial-thickness breakdown on the sacrum, which of the following would be MOST appropriate for pressure relief?
 - A. water mattress
 - B. low air-loss bed
 - C. static air mattress
 - D. high density convoluted foam mattress
 4. What is the usual frequency of intubation 6 months following continent ileostomy surgery?
 - A. once daily
 - B. every 2 hours
 - C. 3 to 4 times in 24 hours
 - D. 8 to 10 times in 24 hours
 5. Which of the following is an appropriate behavioral objective for a patient with a new ileal conduit prior to discharge from the hospital?
 - A. Empty pouch.
 - B. Increase intake of orange juice.
 - C. Change appliance without assistance.
 - D. Rinse pouch once a week with vinegar and water.
 6. Which of the following patients requires immediate referral for further work-up?
 - A. a patient with stress incontinence, no residual volume, and no evidence of urinary tract infection
 - B. a patient with reflex incontinence, 50% residual volume, and symptoms of urinary tract infection
 - C. a patient with urge incontinence, low residual volumes, negative urinalysis, and frequency and urgency
 - D. a patient with constant incontinence related to vesicovaginal fistula
 7. The treatment of choice for reflex incontinence and bladder-sphincter dyssynergia is
 - A. bladder retraining.
 - B. indwelling catheter.
 - C. sympathomimetic drugs.
 - D. intermittent catheterization with anticholinergics.
-

ANSWER KEY

Question	Correct Answer	Content Category	Complexity Level
1.	A	1E (10105)	Application
2.	A	4F (10406)	Recall
3.	B	3E (10305)	Analysis
4.	C	4A (20401)	Recall
5.	A	5A (20501)	Recall
6.	B	1E (30105)	Application
7.	D	2C (30203)	Application

FOOT CARE EXAMINATION

CFCN®

EXAMINATION CONTENT – FOOT CARE EXAM

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this examination handbook. The Content Outline will give you a general impression of the examination, and with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis completed in 2003. The job analysis involved development of a survey, distribution of that survey to practitioners and an analysis of the responses. Test specifications for the Certified Foot Care Nurse were developed on the basis of these data.

The Content Outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

Recall: The ability to recall or recognize specific information is required.

Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required.

Analysis: The ability to analyze and synthesize information, determine solutions or to evaluate the usefulness of a solution is required.

The entire examination consists of approximately 24 percent *recall* questions, 57 percent *application* questions and 19 percent *analysis* questions. Note: Only generic drug names will be used in the examination.

DETAILED CONTENT OUTLINE – FOOT CARE EXAM

1. ASSESSMENT (40)

A. History

1. Collect health history
2. Assess medication history

B. Physical Assessment

1. Assess patient for functional disabilities (e.g., gait, mobility, balance, visual, cognitive)
2. Assess patient for health habits (e.g., smoking, exercise, hygiene, nutrition)
3. Assess foot circulation by palpation (e.g., pulses, blanching, capillary refill)
4. Assess foot circulation by Doppler
5. Assess legs and feet for temperature
6. Assess hair growth on legs and feet
7. Assess foot skin integrity (e.g., fissures, ulcers, corns, calluses, dermatitis)
8. Assess physical/musculoskeletal function of the foot (e.g., range of motion, deformities, strength)
9. Assess sensation (e.g., monofilament testing, vibration)
10. Assess toenails and cuticles
11. Determine ankle brachial index (ABI)

C. Risk Assessment

1. Establish risk of ulceration on assessment
2. Establish risk of amputation based on assessment
3. Assess for issues of quality of life related to foot pathology

D. Footwear and Mobility Aid Assessment

1. Inspect footwear and socks/stockings
2. Inspect mobility aids (e.g., canes, walkers)

2. NURSING INTERVENTIONS (25)

A. Skin care

1. Perform hygiene
2. Identify appropriate interventions for managing hyperkeratotic areas
3. Implement off-loading
4. Apply padding
5. Identify the need for compression therapy (e.g., to manage edema)
6. Apply moisturizers to skin
7. Perform cuticle care
8. Identify and make recommendations for skin conditions:
 - a. Blisters
 - b. Plantar warts
 - c. Trauma
 - d. Tinea pedis
 - e. Paronychia
 - f. Maceration
 - g. Other skin conditions
9. Identify the need for use of therapeutic interventions (e.g., topical therapy) for skin conditions

B. Nail Care

1. Define free nail border (i.e, remove debris)
2. Conduct debridement of toenails
3. Perform cleaning and sterilization of equipment
4. Use personal protective equipment
5. Maintain infection control for tinea pedis and candidiasis
6. Identify and make recommendations for the following conditions:
 - a. Onychomycosis
 - b. Trauma
 - c. Ingrowing/ingrown toenail
 - d. Other conditions of the toenails

B. Referral

1. Identify the need for appropriate referrals (i.e., primary care provider, podiatry, orthopedics, dermatology, endocrinology, vascular surgery, general surgery, physical therapy, occupational therapy, pedorthist/orthotist, home health, pain management, diabetes education, smoking cessation, case/care manager or social worker, wound care)
2. Act as patient advocate regarding issues of foot care

3. EDUCATION AND REFERRAL (15)**A. Education**

1. Provide patient/caregiver education related to:
 - a. foot care (e.g., hygiene, skin care, inspection, nail care)
 - b. pathophysiology affecting the foot
 - c. age-specific changes of the foot
 - d. proper footwear
 - e. problems that should be reported
 - f. anatomy and physiology of the foot
 - g. plan for follow-up care
 - h. weight management
 - i. prevention of specific problems

SAMPLE QUESTIONS – FOOT CARE EXAM

These sample questions are representative of actual examination questions.

1. A patient with heel spurs would MOST likely complain of
 - A. severe pain in the bottom of the foot.
 - B. itching on the heels.
 - C. swelling in the heels.
 - D. moderate pain throughout the foot.

 2. Assessment of a patient's toenails reveals brittle and massive thickening. These are MOST likely symptoms of
 - A. decreased circulation.
 - B. fungal infection.
 - C. dorsal nail plate trauma.
 - D. tinea pedis.

 3. Which of the following skin conditions can be prevented by community education in the proper use of communal washing facilities?
 - A. tinea pedis
 - B. skin maceration
 - C. scabies
 - D. plantar warts
-

ANSWER KEY

Question	Correct Answer	Content Category	Complexity Level
1.	A	1B8	Recall
2.	B	1B10	Application
3.	A	2A8d	Application

EXAMINATION CONTENT

To begin your preparation in an informed and organized manner, each candidate should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this Examination Handbook. The content outline will give you a general impression of the examination, and with closer inspection, can give specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis, a research study that involved sending surveys to practicing wound, ostomy and continence nurses. An advisory committee of subject matter experts appointed by WOCNCB® reviewed a summary of the responses of hundreds of nurses. The committee determined the content of the examination by evaluating the practice activities judged by the respondents to be a part of practice and significant enough to warrant inclusion in the examination. The Content Outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

Recall: The ability to recall or recognize specific information is required.

Application: The ability to comprehend, relate or apply knowledge to new or changing situations is required.

Analysis: The ability to analyze and synthesize information, determine solutions or to evaluate the usefulness of a solution is required.

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – WOUND CARE

WOUND CARE (80)

1. Comprehensive Assessment (19)

- A. Collect the following information related to patient and family history:
 1. Chief complaint
 2. History of present illness
 3. Pain
 4. Past history
 5. Family history
 6. Social, personal, and developmental history
 7. Nutrition
 8. Allergies
 9. Medications
 10. Review of systems
- B. Perform a problem-focused physical examination by:
 1. Assessing and interpreting wound characteristics
 2. Assessing for indications of infection
 3. Staging pressure ulcers
 4. Assessing pressure ulcers
 5. Assessing lower extremity ulcers (e.g., skin and toenails, sensorimotor status, pulses, and capillary refill)
 6. Assess for foot deformity (e.g., Charcot changes, hammer toes)
- C. Recommend/order and interpret:
 1. Vascular studies
 2. Radiologic studies (e.g., x-ray, MRI, bone scan, ultrasound)
 3. Laboratory studies
 4. Culture and biopsy
- D. Risk assessment and goals
 1. Conduct and interpret risk assessment
 2. Identify patient/family goals and factors affecting care

2. Diagnosis (15)

- A. Differential diagnosis
 1. Determine differential diagnoses
- B. Use assessment to determine a diagnosis related to altered skin integrity:
 1. Pressure ulcers
 2. Extremity ulcers (e.g., lymphedema, vascular insufficiency)
 3. Diabetic wounds
 4. Traumatic injury wounds
 5. Thermal injuries (e.g., burns, radiation)
 6. Atypical wounds
 7. Surgical wounds
 8. Autoimmune-related wounds
 9. Neoplastic wounds
 10. Allergic reactions
 11. Chemical trauma (e.g., incontinence-associated dermatitis)
 12. Mechanical trauma
 13. Skin infections (e.g., bacterial, fungal)

3. Planning (10)

- A. Determine wound care management plans
- B. Determine caregiver skills and access
- C. Determine educational needs of patient and caregiver
- D. Determine needed supplies and accessibility
- E. Determine a plan for follow up care

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – WOUND CARE — CONTINUED

4. Implementation (18)
 - A. Health Teaching and Health Promotion
 1. Teach patient and/or caregiver about:
 - a. control of risk factors
 - b. care and prevention strategies (e.g., trauma, foot care)
 2. Provide anticipatory guidance for diagnostic or therapeutic interventions
 - B. Consultation and Coordination
 1. Provide consultation to other medical staff on wound care issues
 2. Coordinate clinical practice to meet patient needs
 3. Coordinate available program services
 - C. Therapeutic Intervention
 1. Recommend or prescribe:
 - a. medications
 - b. topical agents
 - c. cleansing procedures and solutions
 - d. measures to minimize risk of infection
 - e. hydrotherapy or pulsed lavage
 - f. autolytic debridement
 - g. enzymatic debridement (i.e., chemical)
 - h. mechanical debridement
 - i. surgical debridement
 - j. sharp instrument debridement
 - k. chemical cauterization
 - l. pressure, shear, and friction reduction modalities
 - m. hyperbaric oxygenation
 - n. growth factor treatment
 - o. negative pressure wound therapy
 - p. bioengineered tissue products
 - q. compression therapy (e.g., pumps, wraps, stockings)
 2. Recommend or prescribe modalities to:
 - a. eliminate dead space
 - b. reduce bacterial load
 - c. control odor
 - d. contain drainage and/or maintain moist wound surface
 3. Perform:
 - a. sharp instrument debridement
 - b. chemical cauterization
 4. Initiate pain control measures
 5. Manage the following systemic factors that affect wound healing:
 - a. perfusion
 - b. nutrition
 - c. glucose control
 - d. immune compromise (i.e., immunosuppression)
 - e. mobility
 - f. incontinence
 - g. other systemic factors
 - D. Referral
 1. Refer for medical/surgical interventions
 2. Refer patient for consultation with other disciplines
5. Evaluation (9)
 - A. Evaluate effectiveness of treatment (i.e., in relation to patient and provider goals)
 - B. Evaluate cost efficiency of treatment
 - C. Revise the plan of care based on evaluation
6. Evaluation (9)
 - A. Quality of Practice
 1. Participate on a quality/performance improvement (QPI) team
 2. Use QPI data to make decisions about practice
 3. Use QPI data to facilitate organizational policy and procedure changes
 - B. Education of the Health Care Team
 1. Identify learning needs
 2. Design educational programs colleagues
 3. Evaluate the effectiveness of education
 - C. Self Evaluation of Professional Practice
 1. Provide age appropriate care in a culturally and ethnically sensitive manner
 2. Engage in a formal process to seek feedback about practice
 3. Take action to achieve professional goals
 - D. Collaboration and Collegiality
 1. Collaborate with other members of the health care team
 2. Serve as a mentor
 - E. Ethics and Advocacy
 1. Serve as a resource to facilitate ethical decision making
 2. Support team decision making related to ethics
 3. Promote patients' autonomy, dignity, and rights
 - F. Research
 1. Use results from evidence-based literature to:
 - a. validate current wound care nursing practice
 - b. suggest changes to current wound care nursing practice
 2. Participate in clinical research activities (e.g., protocol development, subject selection, data collection, analysis, disseminate results)
 - G. Resource Utilization
 1. Evaluate resource options for efficient delivery of care
 2. Assist the patient in identifying and securing services
 3. Utilize community and organizational resources to enhance the plan of care
 - H. Leadership
 1. Promotes teamwork and healthy work environments within the organization
 2. Influence decision making bodies regarding wound care issues
 3. Promotes the advancement of the profession through participation in professional organizations

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – OSTOMY CARE — CONTINUED

OSTOMY CARE (80)

1. Comprehensive Assessment (17)
 - A. Collect the following information related to patient and family history:
 1. Chief complaint
 2. History of present illness
 3. Pain
 4. Past history
 5. Family history
 6. Social, personal, and developmental history
 7. Nutrition
 8. Allergies
 9. Medications
 10. Review of systems
 - B. Perform a problem-focused physical examination by:
 1. Assessing stomal characteristics
 2. Assessing peristomal characteristics
 3. Assessing continent diversions/neobladder
 4. Assessing fistula characteristics (location; type, source, and volume of output)
 5. Assessing tubes and drains
 6. Assessing current products being utilized
 - C. Recommend/order and interpret:
 1. Radiologic studies
 2. Laboratory studies
 3. Culture and biopsy
 - D. Goals
 1. Identify patient/family goals and factors affecting care
2. Diagnosis (20)
 - A. Differential Diagnosis
 1. Determine differential diagnoses
 - B. Use assessment to determine a diagnosis related to peristomal complications
 1. Allergic dermatitis
 2. Irritant dermatitis
 3. Mechanical trauma
 4. Hernia
 5. Skin infections (e.g., bacterial, fungal)
 6. Pseudoverrucous lesions
 7. Mucosal transplantation
 8. Caput medusa
 9. Atypical complications (e.g. pyoderma gangrenosum, malignancy)
 - C. Use assessment to determine a diagnosis related to stomal complications
 1. Necrosis
 2. Bleeding
 3. Mucocutaneous separation
 4. Prolapse
 5. Retraction
 6. Stenosis
 7. Laceration
 8. Melanosis coli
 - D. Use assessment to determine a diagnosis related to continent urinary diversion complications
 1. Pouchitis
 2. Incontinence
 3. Urinary retention
 4. Urinary tract infections
 - E. Use assessment to determine a diagnosis related to continent fecal diversion complications
 1. Pouchitis
 2. Perianal/peristomal skin alteration
 3. Incontinence
 - F. Use assessment to determine a diagnosis related to fistulas
 1. Etiology
 2. Alteration in skin integrity
 3. Fluid and electrolyte imbalance
3. Planning (9)
 - A. Determine ostomy management plans
 - B. Determine caregiver skills and access
 - C. Determine educational needs of patient and caregiver
 - D. Determine needed supplies and accessibility
 - E. Determine a plan for follow up care
4. Implementation (16)
 - A. Health Teaching and Health Promotion
 1. Customize teaching based on developmental stage, readiness to learn, knowledge level, cultural background, and learning style.
 2. Provide patient education specific to medical diagnosis and surgical procedure
 - a. Medical diagnosis (e.g. cancer, bowel or urinary dysfunction, genetic & congenital disease, necrotizing enterocolitis)
 - b. Surgical procedure (e.g. colostomy, ileostomy, urostomy, neobladder)
 - c. Pouching procedure (application, removal, emptying)
 - d. Irrigation (colon continence, mucus management)
 - e. Continent stoma intubation
 - f. Clean intermittent urethral catheterization
 - g. Tube management (e.g. irrigation, stabilization)
 - h. Management of retained distal segment of bowel
 - i. Dietary modifications (foods and fluids)
 - j. Changes in absorption of fluids, medications, and vitamins
 - k. Perianal skin care
 - l. Control of incontinence
 - m. Pelvic floor muscle exercises
 - n. Managing activities of daily living
 - o. Provide sexual counseling
 - p. Signs and symptoms requiring follow-up care (e.g. infection, pouchitis, stomal or peristomal complications, bleeding)

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – OSTOMY CARE — CONTINUED

- B. Consultation and Coordination
 - 1. Provide consultation to other medical staff on ostomy care issues
 - a. Stoma site marking
 - 2. Coordinate clinical practice to meet patient needs
 - 3. Coordinate available program services
 - C. Therapeutic Intervention
 - 1. Recommend or prescribe
 - a. Medications
 - b. Non-prescriptive topical agents
 - c. Products
 - 1) Containment of urine, stool, fistula effluent
 - 2) Odor control
 - 3) Skin protection
 - d. Irrigation (intestine, internal pouch, rectal stump)
 - e. Fluid replacement
 - f. Chemical cauterization
 - g. Replace a gastrostomy tube in an established tract
 - h. Dilation
 - 2. Initiate pain control measures
 - D. Referral
 - 1. Refer for medical/surgical interventions
 - 2. Refer patient for consultation with other disciplines
 - 3. Community and internet resources
5. Evaluation (9)
- A. Evaluate effectiveness of treatment (i.e., in relation to patient and provider goals)
 - B. Evaluate cost efficiency of treatment
 - C. Revise the plan of care based on evaluation
6. Professional Issues (9)
- A. Quality of Practice
 - 1. Participate on a quality/performance improvement (QPI) team
 - 2. Use QPI data to make decisions about practice
 - 3. Use QPI data to facilitate organizational policy and procedure changes
 - B. Education of the Health Care Team
 - 1. Identify learning needs
 - 2. Design educational programs
 - 3. Provide education to enhance professional growth of colleagues
 - 4. Evaluate the effectiveness of education
- C. Self Evaluation of Professional Practice
 - 1. Provide age appropriate care in a culturally and ethnically sensitive manner
 - 2. Engage in a formal process to seek feedback about practice
 - 3. Take action to achieve professional goals
 - D. Collaboration and Collegiality
 - 1. Collaborate with other members of the health care team
 - 2. Serve as a mentor
 - E. Ethics and Advocacy
 - 1. Serve as a resource to facilitate ethical decision making
 - 2. Support team decision making related to ethics
 - 3. Promote patients' autonomy, dignity, and rights
 - F. Research
 - 1. Use results from evidence-based literature to:
 - a. validate current ostomy care nursing practice
 - b. suggest changes to current ostomy care nursing practice
 - 2. Participate in clinical research activities (e.g., protocol development, subject selection, data collection, analysis, disseminate results)
 - G. Resource Utilization
 - 1. Evaluate resource options for efficient delivery of care
 - 2. Assist the patient in identifying and securing services
 - 3. Utilize community and organizational resources to enhance the plan of care
 - H. Leadership
 - 1. Promotes teamwork and healthy work environments within the organization
 - 2. Influence decision making bodies regarding ostomy care issues
 - 3. Promotes the advancement of the profession through participation in professional organizations

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – CONTINENCE CARE

CONTINENCE (80)

1. Comprehensive Assessment (18)
 - A. Collect the following information related to patient and family history:
 1. Chief complaint
 2. History of present illness
 3. Pain
 4. Past history
 5. Family history
 6. Social, personal, and developmental history
 7. Nutrition and fluid intake
 8. Allergies
 9. Medications
 10. Review of systems
 - B. Perform a problem-focused physical examination by:
 1. Assessing cognition
 2. Assessing functional status (e.g., environmental barriers, musculoskeletal [including ambulation], dexterity)
 3. Assessing abdomen
 4. Assessing skin
 5. Urogenital exam – external
 6. Pelvic exam (e.g., pelvic organ prolapse, pelvic muscle strength, infection)
 7. Rectal exam
 8. Neuromuscular testing (e.g., genital sensation, anal wink, bulbocavernosus reflex)
 9. External anal sphincter assessment
 - C. Recommend/prescribe/perform and interpret
 1. bladder and bowel diaries
 2. laboratory studies (e.g., PSA, LFT, CBC, chemistry)
 3. urine studies (e.g., urinalysis, microbiology, 24-hour creatinine clearance, cytology)
 4. post-void residual urine measurement (by catheter or bladder scan)
 5. urodynamics (e.g., cystometry, uroflowmetry, pressureflow, video)
 6. EMG studies
 7. radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound, renal scan, GI transit)
 8. urethral hypermobility testing (Q-tip during vaginal exam)
 9. provoked stress maneuvers (e.g., cough test, paper towel test)
 10. differentiation of urine from vaginal discharge
 11. differentiation of urethral vs. vesico-vaginal urine loss (e.g., pH, pattern, timing, amount, color)
 - D. Risk Assessment and Goals
 1. Conduct and interpret risk assessment for voiding and defecation dysfunction
 2. Identify patient/family goals and factors affecting care
2. Diagnosis (19)
 - A. Determine differential diagnoses
 - B. Use assessment and knowledge of pathophysiology to determine a diagnosis of:
 1. Urinary incontinence
 - a. Transient
 - b. Stress
 - c. Urge (e.g., OAB wet)
 - d. Mixed incontinence
 - e. Retention with overflow (e.g., BOO [anatomic or DSD], Detrusor hypocontractility)
 - f. Reflex
 - g. Nocturnal enuresis
 - h. Functional
 - i. Post-prostatectomy
 2. Other genito-urinary, lower GI dysfunction
 - a. Detrusor hyperactivity with impaired contractility
 - b. Neurogenic bladder with and without detrusor sphincter dyssynergia
 - c. Nocturia
 - d. Urgency/frequency without leakage
 - e. Bladder and pelvic pain syndromes
 - f. Pelvic relaxation syndromes (e.g., urethral/uterine/rectal prolapse, cystocele, rectocele)
 3. Bowel dysfunction
 - a. Constipation
 - b. Fecal impaction
 - c. Fecal incontinence
 - d. Diarrhea encopresis
 4. Incontinence associated dermatitis
 5. Bladder infections (e.g., simple, complex recurrent)
 - C. Manage situations that may warrant medical evaluation or consultation (e.g. high risk for / possibility of syndromes such as):
 1. Urinary calculi
 2. Pyelonephritis
 3. Pelvic organ prolapse
 4. Genito-urinary cancer
 5. Genito-urinary-gastrointestinal fistula
 6. Upper urinary tract damage related to lower urinary tract dysfunction
 7. Patient open to and condition possibly amenable to surgical intervention
 8. Prostatic enlargement
 9. Unexpected neurologic findings
 - D. Manage rehabilitation/cure potential
3. Planning (8)
 - A. Determine continence care management plans
 - B. Determine caregiver skills and access
 - C. Determine educational needs of patient and caregiver
 - D. Determine needed supplies and accessibility (e.g., containment and skin care products)
 - E. Determine a plan for follow-up care

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – CONTINENCE CARE — CONTINUED

4. Implementation (16)
 - A. Health Teaching and Health Promotion
 1. Teach patient to foster healthy bladder and bowel habits:
 - a. dietary and fluid management (including bladder irritants)
 - b. emptying maneuvers
 - c. bladder and bowel training program
 - d. skin care - topical treatment for prevention
 - B. Consultation and Coordination
 1. Provide consultation to other medical staff on voiding and defecation issues
 2. Coordinate clinical practice to meet patient needs
 3. Coordinate available program services
 - C. Therapeutic Intervention
 1. Recommend or prescribe and instruct on
 - a. medications (e.g., bladder relaxants, antibiotics, hormonal, bowel)
 - b. surgical evaluation
 - c. toileting programs (e.g., bladder training, scheduled toileting, prompted voiding)
 - d. containment products and devices
 - e. environmental modifications(e.g., bedside commode, urinal, clothing)
 - f. prevention strategies to maintain optimal bowel function
 - g. lifestyle modifications (e.g., diet, fluids, exercise)
 - h. measures to protect skin
 2. Recommend/prescribe/perform and instruct
 - a. pessary fitting and care
 - b. urgency suppression techniques (e.g., quick flicks, distraction)
 - c. catheterization (e.g., clean intermittent, indwelling)
 - d. suprapubic catheter care
 - e. the “Knack”
 - f. pelvic muscle rehabilitation including
 - (1) electrical stimulation
 - (2) biofeedback
 3. Instruct on self-care modalities for bowel dysfunction
 - a. prevention strategies to maintain optimal bowel function
 - b. lifestyle modifications (e.g., diet, fluids, exercise)
 - c. pharmacologic management of bowel dysfunction
 - d. pelvic muscle exercises
 - e. skin protection
 - f. bowel cleansing
 - g. sensory motor re-education (including biofeedback and manometer)
4. Manage the following systemic factors that affect continence:
 - a. Impaired glucose control
 - b. Impaired mobility
 - c. Neuromuscular diseases (e.g., MS, Parkinson’s, SCI)
 - d. Altered nutrition/absorption
 - e. Pain
5. Evaluation (10)
 - A. Evaluate effectiveness of treatment (i.e., in relation to patient and provider goals)
 - B. Evaluate cost efficiency of treatment
 - C. Revise the plan of care based on evaluation
6. Professional Issues (9)
 - A. Quality of Practice
 1. Participate on a quality/performance improvement (QPI) team
 2. Use QPI data to make decisions about practice
 3. Use QPI data to facilitate organizational policy and procedure changes
 - B. Education of the Health Care Team
 1. Identify learning needs
 2. Design educational programs
 3. Provide education to enhance professional growth of colleagues
 4. Evaluate the effectiveness of education
 - C. Self Evaluation of Professional Practice
 1. Provide age appropriate care in a culturally and ethnically sensitive manner
 2. Engage in a formal process to seek feedback about practice
 3. Take action to achieve professional goals
 - D. Collaboration and Collegiality
 1. Collaborate with other members of the health care team
 2. Serve as a mentor
 - E. Ethics and Advocacy
 1. Serve as a resource to facilitate ethical decision making
 2. Support team decision making related to ethics
 3. Promote patients’ autonomy, dignity, and rights
 - F. Research
 1. Use results from evidence-based literature to:
 - a. validate current continence care nursing practice
 - b. suggest changes to current continence care nursing practice
 2. Participate in clinical research activities (e.g., protocol development, subject selection, data collection, analysis, disseminate results)

DETAILED CONTENT OUTLINE — ADVANCED PRACTICE (AP) – CONTINENCE CARE — CONTINUED

- G. Resource Utilization
 1. Evaluate resource options for efficient delivery of care
 2. Assist the patient in identifying and securing services
 3. Utilize community and organizational resources to enhance the plan of care
- H. Leadership
 1. Promotes teamwork and healthy work environments within the organization
 2. Influence decision making bodies regarding continence care issues
 3. Promotes the advancement of the profession through participation in professional organizations

AP EXAM SAMPLE QUESTIONS¹

1. Which of the following vascular tests is the best choice to order when determining the location of the occlusion for surgical intervention?
 - A. Segmental limb pressure
 - B. Pulse volume recording
 - C. Doppler waveform studies
 - D. Skin perfusion pressure

2. Which medication, when prescribed for a patient with excessive ileostomy output requires thyroid function tests at baseline and periodically throughout treatment?
 - A. Loperamide
 - B. Diphenoxylate/atropine
 - C. Cholestyramine
 - D. Octreotide acetate

3. A 65-year old female reports recent, intermittent, postvoid fullness and difficulty starting her urinary stream. She underwent a mid-urethral sling procedure 2 years ago with no reported voiding problems after surgery. The APN should suspect which condition?
 - A. Cystocele beyond the hymenal ring
 - B. Rectocele at the hymenal ring
 - C. Sling erosion
 - D. Sling infection

¹Thompson, Donna L.; Gallagher, Diana L. Getting Ready for Certification. WOCNCB® Certification: Entry-Level and AP-Level Examinations: Higher Expectations for Higher Level of Recognition. *J. Wound, Ostomy & Continence Nursing*. 2012;39(3):328–330. Used with Permission.

ANSWER KEY

Question	Correct Answer	Content Category	Complexity Level
1.	A.	1C Task 3	Recall
2.	D.	4C Task 3.1a	Application
3.	A.	2B Task 2.2f	Analysis

NOTE: Effective January 1, 2013 only online applications will be accepted.

WOC NURSING CERTIFICATION BOARD

EXAMINATION APPLICATION

To apply, please return the completed application with all appropriate fees to:

WOCNCB® Exam, c/o Castle Worldwide, Inc., 900 Perimeter Park Drive, Suite G - Morrisville, NC 27560

–OR– complete the online application at www.WOCNCB.org

Within 2-4 weeks of receiving your application, Castle Worldwide will send either a Notice to Schedule your exam(s) or request for any missing documentation. You are advised to keep a copy of your completed application for your records. WOCNCB® is not responsible for correspondence lost in the mail.

GENERAL INFORMATION (PLEASE PRINT USING BLACK OR BLUE INK)

First Name	MI	Last Name
Former name(s) if changed within past 5 years (include a copy of the legal document showing the name change.)		
Address:		Address 2:
City	State/Province:	ZIP/Postal Code: Country:
Phone Number – Work		Phone Number – Home or Cell
Primary Email Address		

Practice Setting: (check all that apply)

- Acute Homecare Outpatient LTC/Nursing home LTAC Education Administration
 Research Industry Self-employed Other _____ (specify)

EXAMINATION TYPE

Indicate the examination(s) for which you are applying and your applicant status. NOTE: Candidates must successfully complete all three exams within the 12-month eligibility period in order to earn the tri-specialty CWOCN® credential.

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Certified Wound Care Nurse (CWCN®)
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Traditional Pathway <input type="checkbox"/> Experiential Pathway
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams | <input type="checkbox"/> Advanced Practice CWCN®
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Traditional Pathway <input type="checkbox"/> Experiential Pathway
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams | <input type="checkbox"/> Certified Contingence Care Nurse (CCCN®)
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Traditional Pathway <input type="checkbox"/> Experiential Pathway
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams | <input type="checkbox"/> Advanced Practice CCCN®
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Traditional Pathway <input type="checkbox"/> Experiential Pathway
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams |
| <input type="checkbox"/> Certified Ostomy Care Nurse (COCN®)
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Traditional Pathway <input type="checkbox"/> Experiential Pathway
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams | <input type="checkbox"/> Advanced Practice COCN®
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Traditional Pathway <input type="checkbox"/> Experiential Pathway
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams | <input type="checkbox"/> Certified Foot Care Nurse (CFCN®)
<input type="checkbox"/> Initial Exam
Applying via: <input type="checkbox"/> Experiential Pathway (must submit CE and Experience Verification forms)
<input type="checkbox"/> Recertification
<input type="checkbox"/> Exam Retake, last attempt on: _____
Note: 30 day wait period for retake exams | |

REQUIRED DOCUMENTS/INFORMATION

Note – all documentation listed will be validated.

Registered Nurse License

- RN License Number _____ State: _____ Expiration Date: _____
 (attach a copy – online verifications accepted)

Academic Education: Attach a copy of the diploma or transcripts for the required education level.

Entry-Level Exams <i>CWCN®, COCN®, CCCN® (Wound, Ostomy, or Contingence)</i>	<input type="checkbox"/> BSN or <input type="checkbox"/> Bachelor's Degree in other field (list field)
Advanced Practice Exams <i>CWCN-AP, COCN-AP, CCCN-AP (Wound, Ostomy, or Contingence)</i>	<input type="checkbox"/> MSN <input type="checkbox"/> Candidates must document ANP education by submitting a copy of at least one of the following: • Transcript showing Nurse Practitioner or Clinical Nurse Specialist education at the Masters Level • Diploma showing Nurse Practitioner or Clinical Nurse Specialist education at the Masters Level • Current licensure as a Nurse Practitioner or Clinical Nurse Specialist • Current certification, by a nationally recognized body, as a Nurse Practitioner or Clinical Nurse Specialist _____ (specify type) (e.g., NP, CNS, NMW, CRNA)
Foot Care Exam <i>CFCN®</i>	<input type="checkbox"/> Not Required

INITIAL CERTIFICATION**TRADITIONAL PATHWAY**

1. WOC (ET) Nursing Education Program CODE: _____ (codes found on page 16 of Handbook)

Graduated: _____ (mm/yyyy)

NOTE: *If your graduation date is older than 5 years, and this will be your INITIAL certification exam, you must apply via the Experiential Pathway (see next section).*

2. Include a copy of your certificate of completion/graduation.

Authorization of name and score release WOCNCB® reports examination statistics to the WOCN® Accredited Nursing Education Program indicated on this application form. Quality education is the primary goal of these programs. Your permission to release your name and test scores to the program you attended will provide the statistics they need to continually improve their programs.

Yes, I give my permission to release my name and test scores to the WOCN® Accredited WOC Nursing Education Program indicated on this application form.

EXPERIENTIAL PATHWAY – Do not complete this section if you have completed the section above.

Submit the following documentation:

1. Completed Continuing Education Verification Form with titles and hours (page 36 of this application) with a copy of conference brochure or class syllabus if the educational program covers more than one topic (example: HBO Therapy). A list of tips is found on the www.WOCNCB.org website.
2. Copy of the official certificate of completion for CE/CME credits (contact hours).
3. Completed Experience Verification Form of current/past employment with experience hours (electronic or paper).

RECERTIFICATION

Recertification with Current Credentials.

Must hold a current/valid WOCNCB® Certification (attach a certificate copy – or print from www.WOCNCB.org Credential Verification

Recertification with Lapsed Credentials.

Any candidates who allow their credentials to lapse must recertify via examination and must show eligibility via the Experiential Pathway

Recertification by Exam AND PGP

Recertification in combination of examination and PGP (must complete paper exam application marked as "prepaid via PGP process." See online PGP application for portfolio submission and payment).

PAYMENT

Make check or money order payable to CASTLE or pay by credit card.

If payment is by credit card, complete the following:

Visa MasterCard

One specialty \$375 USD
 Two specialties \$490 USD
 Three specialties \$590 USD
 Four specialties \$650 USD

Card # Exp. Date _____

Your name as appears on card _____

Card number: _____

Signature: _____

I certify that I have read all portions of the WOCNCB® Examination Handbook and application. I certify that the information I have submitted in this application and the documents I have enclosed are complete and correct to the best of my knowledge and belief. I understand that if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the WOCNCB®. I understand that I must keep all documentation that supports my application for submission to the WOCNCB® should I be requested to participate in random audits for quality assurance. I understand that applications found to be fraudulent will be reported to my respective Board of Nursing.

Name: _____

Signature: _____ Date: _____

SPECIAL AMERICANS WITH DISABILITIES ACT ACCOMMODATION REQUEST Yes (See page 11 for details.)

EXPERIENTIAL PATHWAY

CONTINUING EDUCATION VERIFICATION FORM

Name _____ Date _____

1. Complete a form for each specialty area (check one). Wound Ostomy Continence Foot Care
(Make copies of form for additional specialties.)
2. List individual educational session/course titles separately. Do not list as “conference” with the total hours. (e.g., “SAWC Conference/24 hours” would need a breakdown listing each session title. For instructions see page 8.)*
3. Record the number of approved CE/CME credits (contact hours). Include copies of each CE/CME certificate.

Program Date(s)	Title of Course	Course Provider	Approved Accrediting Organization	CE or CME Credits (contact hours)
6/21/2009	Example: Wound Assessment and Documentation	County General Hospital	Ohio Nurses Association	2
6/1/2010	Example of Unacceptable: WOCN® National Conference	WOCN® Society	ANCC	24* List each individual session

ONLINE APPLICATIONS ONLY

EXPERIENTIAL PATHWAY

EXPERIENCE VERIFICATION FORM

VERIFICATION OF CURRENT EXPERIENCE (FROM PAST 5 YEARS)

Employment Dates From: ___/___/___ To: ___/___/___

	Hours worked per year related to direct patient care in the clinical specialty (estimate if needed)	Number of Years	Total Hours = Hours per Year Times # Years
Wound			
Ostomy			
Continence			
Foot Care			
			Note: Total hours per year reaches maximum at 2,000 hours.

Hospital or Company Name: _____
 Address: _____
 Supervisor Name: _____
 Supervisor Title: _____
 Supervisor Phone: _____

VERIFICATION OF PREVIOUS EXPERIENCE – if your hours worked at the current position do not equal the full number of hours required, list the previous employment hours worked from the past 5 years and the contact information here.

Employment Dates From: ___/___/___ To: ___/___/___

	Hours worked per year related to direct patient care in the clinical specialty (estimate if needed)	Number of Years	Total Hours = Hours per Year Times # Years
Wound			
Ostomy			
Continence			
Foot Care			
			Note: Total hours per year reaches maximum at 2,000 hours.

Hospital or Company Name: _____
 Address: _____
 Supervisor Name: _____
 Supervisor Title: _____
 Supervisor Phone: _____

FOOT CARE EXAM

I am the preceptor/foot care expert who provided the direct supervision for this candidate. I hereby certify that the applicant has completed 8 hours of clinical experience (direct patient care related to the specialty) in foot care. Further, I hereby certify that 8 hours of clinical experience (direct patient care related to the specialty) in foot care occurred within the 5 years prior to this application date.

Signature & Credentials: _____ Date: _____

WOUND , OSTOMY OR CONTINENCE EXAMS

I am an immediate supervisor of the WOCNCB exam applicant on this form. I hereby certify that the applicant has completed the number of hours indicated (above) of clinical experience (direct patient care related to the specialty) in wound, ostomy and/or continence. Further, I hereby certify that 375 hours of clinical experience (direct patient care related to the specialty) have occurred within the past ONE year prior to this application date.

Supervisor Signature: _____ Date: _____

WOCNCB

555 E. Wells St., Suite 1100

Milwaukee, WI 53202

(888) 496-2622

www.wocncb.org