



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®)

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®)

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

Developed July 2011

Note: The examination handbook may also be downloaded
and printed from the www.wocncb.org website.

©All materials contained in this handbook are the property of the Wound, Ostomy and Continence Nursing Certification Board and may not be copied unless the purpose of the copies is related to submission of an exam application.

WOCNCB
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202
(888) 496-2622
www.wocncb.org



WOCNCB EXAMINATION HANDBOOK

TABLE OF CONTENTS

INTRODUCTION	3
ABOUT THE WOCNCB	3
STATEMENT OF NONDISCRIMINATION POLICY	3
CERTIFICATION PHILOSOPHY	3
TESTING AGENCY	4
ABOUT THE EXAMINATION	4
CREDENTIALS	4
APPLICATION PROCESS	5
APPLICATION CHECKLIST	5
ELIGIBILITY REQUIREMENTS FOR WOUND, OSTOMY OR CONTINENCE EXAMS	6
ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM	7
INSTRUCTIONS FOR EXPERIENTIAL PATHWAY	8
ELIGIBILITY PERIOD	8
STATUS OF YOUR APPLICATION	8
EXAMINATION FEES	9
EXAMINATION PROCESS	9
SCHEDULING A TESTING SESSION	9
TESTING CENTERS	9
REASONABLE ACCOMMODATIONS	10
RESCHEDULING A TESTING SESSION	10
EXAMINATION RULES	10
EXAMINATION RESULTS	11
CERTIFICATES / WALLET CARDS	11
EXAMINATION RETAKES	11
PREPARATION FOR THE EXAMINATION	11
POLICIES	12
CONFIDENTIALITY	12
LAPSED CREDENTIALS	12
REFUNDS	12
CREDENTIAL EXTENSIONS	12
REVOCAION OF CERTIFICATION	13
COPYRIGHTED EXAM QUESTIONS	13
THE EXAMINATION: WOUND, OSTOMY, CONTINENCE	14
CODES FOR WOC(ET) NURSING EDUCATION PROGRAMS	14
CONTENT OUTLINE	15
SAMPLE QUESTIONS	19
THE EXAMINATION: FOOT CARE	21
CODES FOR FOOT CARE NURSING EDUCATION PROGRAMS	21
CONTENT OUTLINE	22
SAMPLE QUESTIONS	23
WOCNCB EXAMINATION APPLICATION	25
EXPERIENTIAL PATHWAY: CONTINUING EDUCATION VERIFICATION FORM	27
EXPERIENTIAL PATHWAY: EXPERIENCE VERIFICATION FORM	28

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.

Copyright © 2011. Wound, Ostomy and Continence Nursing Certification Board (WOCNCB®). All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy or recording, or any information and retrieval system, without permission in writing from the WOCNCB.

INTRODUCTION

Congratulations! You have taken your first step to becoming a WOCNCB certified nurse. Now that you have chosen to specialize in wound, ostomy, continence or foot care, we thank you for choosing the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) as your certifying agency. Thousands of WOCNCB certified nurses are working in facilities worldwide. We welcome you to join this select group of healthcare professionals.

ABOUT THE WOCNCB

The Wound, Ostomy, and Continence Nursing Certification Board (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 the following 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

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 wound, ostomy, continence or foot care nursing knowledge.

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.
900 Perimeter Park Drive, Suite G
Morrisville, NC 27560
919-572-6880
email ibt@castleworldwide.com

ABOUT THE EXAMINATION

The WOCNCB offers examinations in the following four specialty areas of nursing practice: Wound Care, Ostomy Care, Continence Care and Foot Care. CASTLE Worldwide, Inc., our testing agency, provides the WOCNCB with computerized multiple-choice examinations developed by our Wound, Ostomy and Continence (WOC) and Foot Care Examination Committees, two groups of certified nurses with expertise in wound, ostomy, continence or foot care 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 80 scored questions on each examination, plus 10 non-scored pretest questions. The 90 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 90 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 the 12-month eligibility period will be awarded the Certified Wound Ostomy Continence Nurse (CWOCN[®]) tri-specialty credential. Those passing the wound and ostomy exams within the 12-month eligibility period will be awarded the Certified Wound Ostomy Nurse (CWON[®]) credential. Those passing two, three or four examinations outside the 12-month eligibility period 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[®])

The above six 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.**

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) or the paper application on pages 25 and 26.**

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 bachelor's (or higher) degree**

Upload or submit a copy of the diploma or transcripts. Skip this step if applying for CFCN.

- 4. If applying via Traditional Pathway, proof of successful completion of a WOC (ET) or Foot Care Education Program**

Enter the education program codes that are outlined in the handbook on page 14 (WOC Codes) and page 21 (Foot Care 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 28.

Agree to the electronic attestation of clinical hours worked or sign and date Verification Form.

- 7. 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.

ELIGIBILITY REQUIREMENTS FOR 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.*

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:

TRADITIONAL PATHWAY

- Graduate from an accredited WOC Nursing Education Program. See page 14 for the program codes. For the most current list of programs, visit http://www.wocncb.org/pdf/WOCNEP_overview.pdf
- Candidates are required to successfully complete exam(s) within five (5) years of graduation from a WOC(ET) Nursing Education Program, or 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.

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 5).

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 with the credential in which recertification is being sought. If not, see Lapsed Credentials on page 12.
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 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.



ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM

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. Have completed ONE of the following pathways of education or practice:
 - TRADITIONAL PATHWAY
 - Complete a formal Foot Care Education Program. See page 21 for the program codes. For the most current list of programs, visit <http://www.wocncb.org/become-certified/foot-and-nail/education-courses.php>
 - Candidates are required to successfully complete exam(s) within five (5) years of graduation from a Foot Care Education Program, or must prove eligibility via the Experiential Pathway.
 - EXPERIENTIAL PATHWAY
 - Complete 5 CE/CME credits (contact hours) and 8 hours of clinical practice specific to foot care under supervision of an expert over the previous five years from the date of application.
 - Accumulation of CE/CME credits (contact hours) and clinical hours specific to foot care must be completed while functioning as an RN.
4. Submit exam application with applicable fee and support materials (see checklist on page 5).

EFFECTIVE JUNE 30, 2012

ELIGIBILITY REQUIREMENTS FOR FOOT CARE EXAM

INITIAL (FIRST-TIME) CANDIDATES MUST:

1. Have a current RN License.
2. Complete BOTH of the following:
 - Accumulate (or attend a program providing) a minimum of 5 CE/CME credits (contact hours) specific to foot care, and
 - Accumulate (or attend a program providing) a minimum of 8 clinical hours under the direct supervision of an expert in footcare (i.e. Podiatrist, CFCN, etc.)
 - 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.

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). If not, see Lapsed Credentials on page 12.
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 27.
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 28. 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 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 dated no earlier than 12 months prior to the expiration date. Testing eligibility begins the day the NTS is received up until the credential expires. An exam can only be retaken 3 times 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 (15 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 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. We recommend that you send your mailed application via a traceable method.

1 Specialty	\$300 USD
2 Specialties	\$350 USD
3 Specialties	\$400 USD
4 Specialties	\$450 USD

This fee schedule also applies 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.

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.

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 10 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 upon based on 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.

RESCHEDULING A TESTING SESSION

Candidates must take the examination(s) on the test date(s) scheduled, following approval of their applications. If a candidate needs to cancel or reschedule the testing session, he or she must reschedule or cancel the testing appointment at least five (5) business days prior to the test date. The request must be submitted through CASTLE's online scheduling system at least five (5) business days prior to the test date. A \$50 rescheduling fee will apply.

If the candidate does not appear for the testing session and has not cancelled or rescheduled at least five (5) 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. Unacceptable forms of identification include gym memberships, warehouse memberships, school identification cards, credit cards and identification with signature only (no photo).
3. Each examination consists of 90 multiple-choice questions. Candidates will be permitted 90 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 demanded 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 contravention 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 on a monthly basis and will be sent upon passing the specialty exams.

EXAMINATION RETAKES

If a candidate does not pass the examination, he or she may reapply 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 www.castleworldwide.com/WOCNCB/. 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

Any candidates who allow their credentials to lapse must apply as an Initial Candidate and adhere to the Experiential Pathway eligibility requirements. You may not apply to sit for an exam via the Traditional Pathway.

Candidates who are actively testing and their credentials expire 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.

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 be currently certified by WOCNCB
- 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

All examination questions are the copyrighted property of the WOCNCB. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part, without written permission. Doing so will subject you to severe civil and criminal penalties.

WOUND, OSTOMY OR CONTINENCE EXAMINATIONS

CWOCN®, CWON®, CWCN®, COCN® AND CCCN®

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
WebWOCNurse.com	
Distance Learning	324
Discontinued Programs	199

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

EXAMINATION CONTENT – WOUND, OSTOMY AND CONTINENCE EXAMS

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.

DETAILED CONTENT OUTLINE – WOUND, OSTOMY, AND CONTINENCE EXAMS

1. WOUND CARE (80)

A. General Principles of Assessment (18)

1. Perform initial assessment, including factors affecting healing (e.g., comorbidities, end-of-life issues, cultural diversity, age, medications)
2. Conduct and interpret differential assessment to identify etiologic factors
3. Assess and interpret nutritional status, and impact on wound healing
4. Assess for pain
5. Assess and interpret wound characteristics
6. Use assessment data to determine phase of wound healing
7. Identify patient goals and factors affecting care
8. Describe procedures and rationale for diagnostic testing

B. General Principles of Management (23)

1. Select and apply topical agents for periwound skin protection
2. Recommend:
 - a. cleansing procedures and solutions
 - b. measures to minimize risk of infection
3. Identify the need for hydrotherapy or pulsed lavage
4. Select (and apply as appropriate) dressings for:
 - a. containment of drainage and/or maintenance of moist wound surface
 - b. elimination of dead space
 - c. reduction of bacterial load
 - d. control of odor

5. Identify the need for:

- a. autolytic debridement
 - b. enzymatic debridement (i.e., chemical)
 - c. mechanical debridement
 - d. surgical debridement
 - e. sharp instrument debridement
 - f. chemical cauterization
6. Select (and apply as appropriate) topical agents to promote:
 - a. autolytic debridement
 - b. enzymatic debridement (i.e., chemical)
 - c. mechanical debridement
 7. Perform sharp instrument debridement
 8. Perform chemical cauterization
 9. Recommend topical agents to reduce bacterial load
 10. Identify indications for wound culture
 11. Perform wound culture via non-invasive techniques (e.g., swab, aspirate)
 12. Initiate pain control measures
 13. Teach patients and/or caregiver about:
 - a. control of risk factors
 - b. care and prevention strategies (e.g., trauma, foot care)
 14. Make recommendations to manage the following systemic factors that affect wound healing:
 - a. perfusion
 - b. nutrition
 - c. glucose control
 - d. immune compromise (i.e., immunosuppression)
 - e. other systemic factors
 15. Recommend:
 - a. hyperbaric oxygenation
 - b. growth factor treatment
 - c. negative pressure wound therapy
 - d. bioengineered tissue products

DETAILED CONTENT OUTLINE – WOUND, OSTOMY AND CONTINENCE EXAMS — CONTINUED

16. Apply negative pressure wound therapy
 17. Refer for medical/surgical interventions and prepare patient for procedures
 18. Refer patients for multidisciplinary consultation
- C. Pressure Ulcers (11)
1. Assessment
 - a. conduct and interpret risk assessment
 - b. stage pressure ulcers
 2. Management
 - a. Recommend measures to promote mobility
 - b. Initiate plan for control of incontinence
 - c. Initiate measures for control of shear and friction
 - d. Initiate pressure reduction measures by recommending:
 1. turning and repositioning
 2. support surfaces (e.g., mattresses, overlays, seating devices)
- D. Lower Extremity Ulcers (20)
1. Assessment
 - a. Assess and differentiate types of lower extremity ulcers
 - b. Assess and interpret risk factors
 - c. Assess:
 1. skin and toenails
 2. sensorimotor status (e.g., monofilament, range of motion)
 3. pulses
 4. capillary refill
 - d. Assess and monitor severity of edema
 - e. Recommend and interpret:
 1. toe pressure
 2. ankle-brachial index (ABI)
 3. transcutaneous oxygen pressure (TcPO₂)
 2. Venous insufficiency
 - a. Manage:
 1. dermatitis
 2. edema
 - b. Recommend and apply:
 1. dynamic compression therapy (e.g., pumps)
 2. static compression therapy
 - a. bandages (wraps)
 - b. therapeutic support stockings
 - c. orthotic devices
 3. Arterial insufficiency
 - a. Assess for subtle indications of infection
 - b. Recommend:
 1. lifestyle changes to maximize perfusion
 2. pharmacologic measures to maximize perfusion
 3. evaluation for surgical/vascular intervention
 4. Neuropathic ulcers
 - a. Assess for foot deformity (e.g., Charcot changes, hammer toes)
 - b. Recommend:
 1. measures for off-loading
 2. patient referral for orthotics and shoes
 5. Recommend and refer for management of lymphedema
- E. Other Types of Wounds (8)
1. Recommend topical therapy for the following wounds:
 - a. surgical wounds
 - b. traumatic wounds
 - c. autoimmune wounds
 - d. neoplastic wounds
 - e. atypical wounds
 2. Recommend management techniques for the following types of skin damage:
 - a. allergic reactions
 - b. chemical trauma
 - c. thermal injury (e.g., radiation)
 - d. mechanical trauma
 - e. bacterial and fungal skin infections
- 2. OSTOMY CARE (80)**
- A. General Principles of Assessment (12)
1. Assess environmental, social, and other factors that impact patients' adaptation (e.g., cultural diversity)
 2. Identify:
 - a. indications for urinary or fecal diversion surgery
 - b. postoperative complications
 - c. pouching and/or containment strategies (considering psychological, physical, and cognitive barriers to self-care)
 - d. stomal complications
 - e. peristomal skin complications
 - f. goals of rehabilitation (e.g., considering prognosis)
 3. Describe procedures and rationale for diagnostic testing
- B. General Principles of Management and Patient Teaching (23)
1. Implement pouching and/or containment strategies
 2. Provide information to resume optimal lifestyle
 3. Provide sexual counseling
 4. Facilitate understanding of surgical procedures (e.g., preoperative teaching, informed consent)
 5. Recommend/mark stoma site location
 6. Recommend and perform treatment of:
 - a. stomal complications
 - b. peristomal skin complications
 7. Recommend strategies to minimize odor
 8. Customize teaching based on developmental stage, readiness to learn, knowledge level, cultural background, and learning style
 9. Provide patient teaching related to:
 - a. gastrointestinal and genitourinary cancers
 - b. bowel dysfunction (e.g., diverticular disease, inflammatory bowel disease, incontinence)
 - c. genetic and congenital diseases (e.g., polyposis syndromes, Hirschprung's disease, imperforate anus, bladder exstrophy, spina bifida)
 - d. urinary dysfunction (e.g., interstitial cystitis, incontinence, neurogenic bladder)
 - e. necrotizing enterocolitis

DETAILED CONTENT OUTLINE – WOUND, OSTOMY AND CONTINENCE EXAMS — CONTINUED

10. Modify ostomy management:
 - a. based on coexisting medical conditions (e.g., pregnancy)
 - b. for patients receiving radiation or chemotherapy
 - c. for patients with terminal illness
 11. Provide instruction and support to caregivers to optimize patients' adaptation/self-care
 12. Instruct patients on signs and symptoms requiring follow-up care
 13. Refer patients to community and internet resources
- C. Fecal and Urinary Diversions (Colostomy, Ileostomy, Urostomy) (23)**
1. Colostomy
 - a. differentiate types of colostomies
 - b. identify plan of care based on type of colostomy
 - c. identify appropriate candidates for irrigation
 - d. teach irrigation techniques
 - e. teach management of retained distal segment of bowel
 - f. instruct patient in dietary modifications (e.g., to prevent constipation or reduce gas)
 - g. prepare patient for reanastomosis and takedown
 2. Ileostomy
 - a. Teach patients signs and symptoms, and strategies to prevent blockage
 - b. Teach patients signs and symptoms, and strategies to prevent and correct fluid and electrolyte imbalances
 - c. Recommend and/or perform ileostomy lavage
 - d. Teach management of retained distal segment of bowel
 - e. Prepare patient for reanastomosis and takedown
 - f. Teach patient about changes in absorption following ileostomy (e.g., medications, diet, B12)
 3. Urostomy
 - a. Instruct patients in:
 1. fluid modifications
 2. nighttime management
 3. mucus management
 - b. Manage stents
 - c. Teach patients signs and symptoms of urinary tract infections
 - d. Obtain urine specimens
- D. Continent Fecal and Urinary Diversions (10)**
1. Continent Cutaneous Fecal Diversions
 - a. Instruct patient regarding:
 1. signs and symptoms of pouchitis
 2. medications that are ineffectively absorbed
 3. selection of appropriate intubation/dressing supplies
 4. intubation and irrigation procedure and schedule
 5. dietary modifications
 2. Ileal Pouch Anal Anastomosis (IPAA)
 - a. Instruct patient regarding:
 1. perianal skin care
 2. dietary and fluid modifications
 3. signs and symptoms of pouchitis
- 3. Continent Cutaneous Urinary Diversions**
- a. Instruct patients in:
 1. fluid modifications
 2. mucus management
 3. selection of appropriate intubation/dressing supplies
 4. intubation and irrigation procedure and schedule
 5. signs and symptoms of pouchitis
 6. signs and symptoms of urinary tract infections
- 4. Orthotopic Neobladder**
- a. Instruct patients in:
 1. voiding techniques and schedule
 2. clean intermittent catheterization
 3. control of incontinence
 4. signs and symptoms of pouchitis
 5. signs and symptoms of urinary tract infections
- E. Fistulas and Percutaneous Tubes and Drains (12)**
1. Fistulas
 - a. Identify etiologic factors and indicators of fistula development
 - b. Assess:
 1. type, source, and volume of output
 2. fluid and electrolyte and dietary considerations
 - c. Manage drainage and protect skin
 - d. Recommend pharmacological management strategies
 2. Percutaneous Tubes and Drains
 - a. Assess and manage patency and placement
 - b. Recommend stabilization method
 - c. Initiate measures to prevent tube migration
 - d. Manage dislodgment
 - e. Initiate measures to prevent and manage peritubular skin breakdown
 - f. Perform chemical cauterization
 - g. Replace a gastrostomy tube in an established tract
- 3. CONTINENCE CARE (80)**
- A. General Principles of Assessment (38)**
1. Assess normal micturition and defecation and age-related changes
 2. Identify pathophysiology of bladder and bowel dysfunction
 3. Obtain history regarding the following to identify high risk patients:
 - a. bowel dysfunction (e.g., infection, rectocele, fistula, pelvic pain syndrome, cancer, neuromuscular conditions, trauma, obstruction, endocrine conditions, encopresis)
 - b. urinary dysfunction (e.g., infection, pelvic organ prolapse, prostate disease, fistula, pelvic pain syndrome, cancer, neuromuscular conditions, trauma, obstruction, endocrine conditions)
 - c. sexual/reproductive function (e.g., obstetric, menopause, sexual habits)
 - d. functional and mental status, and environment
 - e. medical/surgical and pharmacologic
 - f. lifestyle issues (e.g., bladder and bowel habits, smoking, obesity, exercise, diet, hydration)

DETAILED CONTENT OUTLINE – WOUND, OSTOMY AND CONTINENCE EXAMS — CONTINUED

4. Assess patients regarding:
 - a. cognitive abilities (e.g., Mini-Mental Status Exam)
 - b. functional abilities
 - c. environmental factors
 5. Perform physical examination:
 - a. abdomen
 - b. skin
 - c. urogenital exam – external
 - d. pelvic exam – visual/digital exam
 - e. rectal exam
 - f. neuromuscular testing (e.g., anal wink, bulbocavernosus reflex)
 - g. external anal sphincter assessment
 6. Obtain and interpret diaries:
 - a. Bladder
 - b. Bowel
 7. Describe and/or perform procedures and rationale for diagnostic testing for urinary conditions:
 - a. urine studies
 - b. post-void residual urine measurement (by catheter or bladder scan)
 - c. urodynamics (e.g. cystometrogram, uroflowmetry)
 - d. EMG studies
 - e. endoscopic procedures (including cystoscopy)
 - f. radiologic procedures (e.g., KUB, voiding cystometrogram, renal ultrasound)
 - g. Q-tip test
 - h. Pad testing
 - i. Provoked stress maneuver (cough test)
- B. Differentiate and Manage Types of Urinary Incontinence (34)**
1. Identify symptom profile
 2. Identify etiology and contributing factors
 3. Teach patients 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
 4. Teach and/or perform the following management techniques:
 - a. pelvic muscle exercises
 - b. electrical stimulation
 - c. biofeedback
 - d. vaginal weights
 - e. pessaries
 - f. urge suppression techniques (e.g., quick flicks)
 - g. environmental modifications (e.g., bedside commode, urinal, clothing)
 - h. catheterization (e.g., clean intermittent catheterization, indwelling catheter care)
 - i. toileting programs (e.g., scheduled toileting, prompted voiding)
 - j. the “Knack”
5. Identify and recommend:
 - a. community and national resources
 - b. containment products and devices
 6. Recommend pharmacologic treatment
 7. Recommend surgical treatment and prepare patient for procedures
 8. Identify and manage the following types of incontinence:
 - a. transient
 - b. stress (e.g., urethral hypermobility, intrinsic sphincter deficiency)
 - c. urge (e.g., detrusor instability, overactive bladder, detrusor hyperreflexia, sensory)
 - d. retention with overflow (e.g., impaired detrusor contractility, bladder outlet obstruction)
 - e. functional (i.e., functional impairment that impacts continence)
 - f. reflex
 - g. nocturnal enuresis
 9. Manage other types of voiding disorders:
 - a. post-prostatectomy incontinence
 - b. detrusor hyperactivity with impaired contractility
 - c. detrusor sphincter dyssynergia
 - d. mixed incontinence
 - e. nocturia
 - f. urgency/frequency without leakage
- C. Types of Bowel Dysfunction (8)**
1. Review symptom profile to identify type of bowel dysfunction:
 - a. constipation
 - b. fecal impaction
 - c. fecal incontinence
 - d. diarrhea
 2. Identify etiology and contributing factors
 3. Manage the following types of bowel dysfunctions:
 - a. constipation
 - b. fecal impaction
 - c. fecal incontinence
 - d. diarrhea
 4. Teach:
 - 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)
 - h. containment devices/pouches

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	1A5	Application
2.	A	1D2a2	Recall
3.	B	1C2d2	Analysis
4.	C	2C1a4	Recall
5.	A	2B1	Recall
6.	B	3A3b	Application
7.	D	3B8f	Application

FOOT CARE EXAMINATION

CFCN®

FOOT CARE EDUCATION PROGRAMS AND CONTINUING EDUCATION

Following is a listing of the foot and nail care programs the WOCNCB is aware of. Please indicate the code number of the program you completed on the examination application and include a copy of your certificate of completion.

The WOCNCB does not endorse or monitor the educational programs listed. This list is not all-inclusive. To find the most current list, please visit <http://www.wocncb.org/become-certified/foot-and-nail/education-courses.php>

FOOT CARE EDUCATION PROGRAMS	CODE	FOOT CARE EDUCATION PROGRAMS	CODE
American Orthopaedic Foot & Ankle Society	413	Foot Care Courses.	422
Hershey Medical Center		Locations: California, Arizona, Missouri, Florida and Texas	
Hershey, Pennsylvania		Taylor'D Health Education & Consultation	
(Offers CE)		Foot Care for Older Adults Workshop	432
Best Foot Forward	429	Rainier Medical Education Programs	
Myra Varnado, RN, CDE, CWOCN		Issaquah, Washington	
Courses taught at US facility or agency		(Offers CE)	
(Offers CE)		Foundations of Foot Care for Health Professionals	430
Current Approaches to Diabetic Foot Care	425	Foot Care Connections	
Emory University School of Medicine		Sonoma County, California	
Atlanta, Georgia		Graduate Program in WOC Nursing	411
(Offers CE)		University of Virginia-School of Nursing	
Foot and Nail Care Education for Nurses	416	Charlottesville, Virginia	
University of Wisconsin - Eau Claire		Nurses Foot Care Business Program	421
Eau Claire, Wisconsin		NFCS Associates Services, LLC	
Foot and Nail Care Workshop and Practicum	420	Ann Arbor, Michigan	
Portland Community College		Sr. NP Foot Care Training Specialist	426
Portland, Oregon		Mary Taylor, CFNCN, CCRN, FNP-C	
(Offers CE)		OnSight Senior Care	
		Raleigh, North Carolina	

NOTE: Effective June 30, 2012, eligibility for the Foot Care exam will be via the Experiential Pathway only.

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

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

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

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

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 _____

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.

- Certified Wound Care Nurse (CWCN®)
 - Initial Exam
 - Applying via: Traditional Pathway Experiential Pathway
 - Recertification
 - Exam Retake, last attempt on: _____
- Certified Continenence Care Nurse (CCCN®)
 - Initial Exam
 - Applying via: Traditional Pathway Experiential Pathway
 - Recertification
 - Exam Retake, last attempt on: _____
- Certified Ostomy Care Nurse (COCN®)
 - Initial Exam
 - Applying via: Traditional Pathway Experiential Pathway
 - Recertification
 - Exam Retake, last attempt on: _____
- Certified Foot Care Nurse (CFCN®)
 - Initial Exam
 - Applying via: Traditional Pathway Experiential Pathway
 - Recertification
 - Exam Retake, last attempt on: _____

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: (check all that apply)

- BSN Bachelor's Degree in Other Field, list degree: _____
- MSN NP CNS Master's in Other Field: _____ PhD EdD DNP
- Associate Degree (only applicable to Foot Care) Other: _____

INITIAL CERTIFICATION**TRADITIONAL PATHWAY**

1. WOC (ET) Nursing Education Program CODE: _____ (codes found on page 14 of Handbook)
 Foot Care Nursing Education Program CODE: _____ (codes found on page 21 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 27 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 online application).

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 \$300 USD
 Two specialties \$350 USD
 Three specialties \$400 USD
 Four specialties \$450 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 10 for details.)

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: _____

