

The Gold Standard for Certification<sup>SM</sup>

# WOCNCB<sup>®</sup>

Wound, Ostomy and Continence Nursing Certification Board

## CANDIDATE HANDBOOK

Sponsored by

Wound, Ostomy and Continence Nursing Certification Board

Certified Wound, Ostomy and Continence Nurse (CWOCN<sup>®</sup>)

Certified Wound Care Nurse (CWCN<sup>®</sup>)

Certified Ostomy Care Nurse (COCN<sup>®</sup>)

Certified Continence Care Nurse (CCCN<sup>®</sup>)

Certified Wound Ostomy Nurse (CWON<sup>™</sup>)

April 2008



WOCNCB<sup>®</sup> is accredited by the National Commission for Certifying Agencies (NCCA) and the American Board of Nursing Specialties (ABNS)

ABNS  
American Board of Nursing Specialties

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4/08

## INTRODUCTION

Thank you for your interest in wound, ostomy and/or continence certification and for choosing the Wound, Ostomy and Continence Nursing Certification Board (WOCNCB®) as your certifying organization.

If you want to experience computer testing, visit the WOCNCB® website, [www.wocncb.org](http://www.wocncb.org). Look for the **Certification by Examination** section, and take the sample computer examination. Please note that the sample examination allows you to see the correct answer immediately; this is not the case for the actual certification examination.

## 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 of that group. The WOCNCB® is a national, non-governmental certifying agency organized to grant certification credentials to qualified nurses who are involved in providing care and/or education to individuals with wounds, ostomies and/or incontinence. The organization is dedicated to promoting excellence in the profession of wound, ostomy and continence 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 exam, individuals receive their CWOCN®, CWCN®, COCN®, CWON™, or CCCN® credential. Certification must be re-established every five years.

Qualified nurses may recertify in the specialties of wound, ostomy and/or continence nursing by passing the exam OR by fulfilling the activity requirements of the Professional Growth Program (PGP).

*These certification programs are accredited by the American Board of Nursing Specialties (ABNS) and the National Commission for Certifying Agencies (NCCA). Accreditation by the prestigious 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 ABNS 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.*
- *WOC certificants have earned credentials that are esteemed and valued among their peers, other medical professionals and employers.*

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

## STATEMENT OF NONDISCRIMINATION POLICY

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

## 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 and/or continence (WOC) nursing knowledge.

The objectives of the WOCNCB® certification program are to promote excellence in wound, ostomy and/or continence 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 and/or continence nursing.
3. Establishing and measuring the level of knowledge required for certification in wound, ostomy and/or continence nursing.
4. Providing a standard of knowledge required for certification; thereby assisting the employer, public and members of health professions in the assessment of the Wound, Ostomy and/or Continence Care Nurse.

## TESTING AGENCY

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency secured by contract to assist the WOCNCB® in the development, administration, scoring and analysis of the certification examination. AMP services also include the processing of applications and the reporting of examination results to candidates. AMP is a research and development firm that conducts professional competency assessment and provides services for credentialing programs.

AMP  
18000 W. 105th Street  
Olathe, KS 66061-7543  
E-mail: [info@goAMP.com](mailto:info@goAMP.com)  
Web: [www.goAMP.com](http://www.goAMP.com)

## ABOUT THE EXAMINATION

The WOCNCB® offers examinations in the following three specialty areas of nursing practice: Wound Care; Ostomy Care; Continence Care. The WOCNCB® provides computerized multiple-choice examinations developed by its WOC Examination Committee, a group of certified nurses with expertise in wound, ostomy and/or continence nursing. In collaboration with our testing agency, AMP, the WOC Examination Committee reviews all questions for relevancy, consistency, accuracy and appropriateness.

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 has two objectives; it allows the WOCNCB® to continue to introduce new examination questions and it facilitates candidates receiving

instant scores. The statistical performance of the pretest questions is evaluated, and questions which perform well can then be included on a future examination as scored questions.

To keep the credentialing examinations secure and reflective of current practice, new questions must continuously be developed and introduced in versions of the examination. Pretesting is an accepted psychometric practice and it assures candidates receive immediate scores using only previously used questions.

Candidates are allowed 90 minutes for each examination. Candidates may take one, two or all three examinations. Examinations are given separately. Examinations may be taken all on the same day or on different days within the quarterly examination cycle.

## **Credentials**

Candidates passing all three examinations within two consecutive quarterly testing cycles will be awarded the Certified Wound Ostomy Continence Nurse (CWOCN®) credential. Those passing the wound and ostomy exams within two consecutive quarterly testing cycles will be awarded the Certified Wound Ostomy Nurse (CWON™) credential. Those passing two or three examinations in non-consecutive quarterly testing cycles or those passing one examination will receive individual credentials as follows:

- Certified Wound Care Nurse (CWCN®)
- Certified Ostomy Care Nurse (COCN®)
- Certified Continence Care Nurse (CCCN®)

The above five 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.**

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## **ELIGIBILITY REQUIREMENTS: PATHWAYS TO WOCN CERTIFICATION**

To be eligible for the Wound, Ostomy and/or Continence Certification examination, an applicant must fulfill the following requirements.

**For initial certification or recertification of lapsed WOCNCB® credentials the candidate must:**

1. Be currently licensed as a Registered Nurse.
2. Hold a Baccalaureate degree.
3. Have completed **ONE** of the following methods of study and/or practice:
  - a. **Accredited WOC(ET) Nursing Education Program**
    - Effective January 1, 2009 you must apply for certification within five (5) years of graduation. Graduates applying beyond five (5) years of program completion must prove eligibility via the Experiential Pathway.
    - The WOC/ET Nursing Education Program must be accredited by WOCN at the time of graduation.
    - A copy of certificate of completion/graduation must be submitted.
  - b. **Graduate Level Track**
    - A graduate level program in nursing must be **completed**, with documentation of two semester credits of course work in each specialty for which certification is sought.

- Official college transcripts and diploma indicating completion of a graduate program.
  - Course descriptions must be submitted with your application.
- c. **Experiential Track**
- Within each specialty for which certification is sought, 50 contact hours (CEUs) and 1,500 clinical hours must be **completed** over the previous five years. \*Further, 375 hours must have occurred within the past one year prior to application.
  - If a submitted educational program covers multiple topics, the program brochure or class syllabus must be included with the application.
  - A copy of each certificate of completion of contact hours must be submitted.

**To recertify by examination, applicants who have currently valid (non-lapsed) WOCNCB® credentials must:**

1. Be currently licensed as a Registered Nurse.
  - A copy of current RN license must be submitted.
  - No other documentation is required for submission of examination application.

Individuals with valid, non-lapsed WOCNCB® credentials may also consider an alternative to retaking the certification exam by submitting a professional portfolio via the WOCNCB® Professional Growth Program.

For more information about the various pathways to WOCNCB® certification, visit the WOCNCB® website at [www.wocncb.org](http://www.wocncb.org) or call the WOCNCB® national office at 888/496-2622.

To be accepted for the examination(s), applicants must fulfill the eligibility requirements outlined above and submit a completed application, required documentation and fee by the application postmark deadline.

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## **GRADUATE LEVEL TRACK**

Graduate nurses applying for certification via the Graduate Level Track need not report CEUs but must show proof of specific **specialty content in semester hours submitted**. Course descriptions are required if the title of the course does not clearly indicate the subject is wound, ostomy or continence.

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## **EXPERIENTIAL TRACK**

The WOCNCB® is dedicated to expediting the process for the Experiential Track candidate but takes no responsibility for late arrivals, lost applications or incomplete applications. It is recommended that Experiential Track candidates apply well before the deadline date, but within six months of the examination date.

All CEUs must directly apply to the specialty area to which you apply for certification. Submit a CEU point log using the form on page 19 of this handbook showing program date, course title, course provider and approved accrediting organization.

## APPLICATION PROCESS

Mail the completed application form with fee and supporting documents to AMP by the postmark deadline for the appropriate examination quarter. (See chart below).

Neither the WOCNCB® nor AMP is responsible for lost, misdirected, late or undeliverable mail. A certified mail, certificate of mailing, or other courier receipt can serve as proof that the application was mailed. We recommend that you send your application via a traceable method.

It is YOUR responsibility to ensure that the application and all supporting documents have been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Applications that are incomplete or incorrect will be returned. Applications that are found to contain inaccurate or untruthful responses may be denied.

Confirmation notice of eligibility is sent to the candidate within four weeks after receipt of the application. **Confirmation is valid only for the quarterly examination cycle indicated on the application.**

## QUARTERLY EXAMINATION CYCLES

As mentioned in the above "Application Process," your application to sit for the examination(s) is only valid during the examination quarter for which you apply. Please review 'Credentials' section on page 2 regarding issuance of credentials.

<b>Quarterly Examination Cycle</b>	<b>Application Postmark Deadline</b>	<b>Certification Expiration Date</b>
January 1 – March 31	November 15	March 31
April 1 – June 30	February 15	June 30
July 1 – September 30	May 15	September 30
October 1 – December 23	August 15	December 31

**Late Applications:** Late applications will be accepted if postmarked no later than December 15, March 15, June 15 or September 15 for the examination cycles listed in the above chart. **A late fee of \$100 applies and must be included with your payment.**

## SCHEDULING AN EXAMINATION

After you have received your confirmation notice from WOCNCB, you may schedule an examination appointment with AMP by one of the following methods. Be prepared to confirm a date and location for testing.

1. Schedule online. Visit AMP's website at [www.goAMP.com](http://www.goAMP.com) and select "Candidates" to schedule an examination appointment.

OR

2. Call AMP at 888/519-9901 to schedule an examination appointment.

When scheduling an examination, be prepared to confirm a location, a preferred date and time, and to provide your Social Security number as a unique identification number. AMP will use your Social Security number only as an identification number in maintaining your record. When you contact AMP to schedule an examination appointment, you will be notified of the

time to report to the center. Please make a note of it because candidates will **not** receive an admission letter.

You may schedule all three examinations on one day or on separate days, as long as all days are within the examination quarter for which you applied.

<b>If you contact AMP by 3:00 p.m. Central Time on...</b>	<b>Depending on availability, your examination may be scheduled as early as...</b>
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday (Saturday if open)
Thursday	Monday
Friday	Tuesday

## EXAMINATION FEES

Application fees may be paid by check or money order (payable to AMP) or by credit card. **DO NOT SUBMIT CASH.**

All fees must be submitted with the application by the application postmark deadline. We recommend that you send your application via a traceable method.

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

This schedule also applies for any combination of recertification pathways; by exam and/or Professional Growth Program; and/or combination of specialty exams (i.e., wound, ostomy, continence and/or foot/nail certification).

Returned checks and credit card transactions that are declined will be subject to a \$25 handling fee. You must send a certified check or money order for the amount due, including the \$25 handling fee, to AMP to cover returned checks or declined credit card transactions.

## LAPSED CREDENTIALS

Please be aware when preparing to recertify if your credentials have lapsed:

Effective January 1, 2009, any candidate with lapsed credentials greater than two (2) years are required to prove eligibility via the Experiential Pathway. Submit an exam application and document eligibility as instructed on page 17.

## LATE APPLICATIONS

Late applications will be accepted if postmarked no later than 30 days following the pertinent Application Postmark Deadline, published in the current handbooks and on the WOCNCB website. A late fee of \$100 applies, and must be included with the application payment.

A late application beyond the 30 days will need to be approved by the Credentialing and Review Committee. A request and rationale needs to be in writing to the WOCNCB Office by email at [info@wocncb.org](mailto:info@wocncb.org).

Once the late application request is received, it will be reviewed by the Credentialing and Review Chairperson. After consultation with the Board President, it will be determined if the applicant's application will be approved for extension. If necessary, the entire Credentialing and Review Committee will be asked to review the case.

Approval will only be granted up until the start of the examination cycle published in the in the current handbooks and on the WOCNCB website. A \$100 fee applies, and must be included with the application payment.

## RECERTIFICATION

You must recertify by the expiration date on your certificate; however, you may test prior to that date. Example:

<u>Certification Expires</u>	<u>Examination May Be Scheduled</u>
June	January – March or April – June
October or November	July – September or October– December*

\*Candidates with credentials expiring in October may test through December.

## CALLING ABOUT YOUR APPLICATION

Please wait at least six weeks following the application postmark deadline, before calling AMP about your application. If you do not receive acknowledgment from AMP within six weeks following the application deadline, call the AMP Candidate Support Center at 888/519-9901.

## RE-EXAMINATION

There is no limit to the number of times a candidate may take the examination(s), providing all eligibility requirements are met each time an application is submitted.

To reapply for an examination within the **same quarterly examination cycle**, complete the rescheduling form at the bottom of your score report and send to AMP with the appropriate fee, minus \$75. This applies to the current quarterly examination cycle only. **In order to retest within the same quarter, AMP must receive your reapplication 30 days prior to the end of the examination quarter.** Reapplicants within the same examination quarter may call AMP approximately 7-10 business days after mailing their reapplication to schedule their examination appointment.

You may only apply for re-examination once within an examination cycle, for each specialty area examination. If you choose re-examination in a different quarterly examination cycle, a completed application, examination fee, and documentation of eligibility are required.

## REFUNDS

Application fees will be refunded in most instances. **The refund will amount to the original fee paid less a processing fee of \$100.** The following rules apply:

### Automatic Refund

- Applications that do not meet eligibility requirements.
- Applications that do not meet postmark deadlines (no processing fee withheld).

### Refund Requests (Must be in Writing)

- Applicants withdrawing from an examination.
- Applicants who do not schedule an examination within the quarterly examination cycle requested on the application.
- Applicants who fail to reschedule an examination within two business days of the scheduled examination date.

### Refund Not Given

- Applicants who are more than 15 minutes late to the scheduled examination.
- Applicants who fail to appear for an examination on the scheduled date or who fail to have proper identification.
- Applicant who violates examination rules and is dismissed from the Assessment Center by the proctor.

A written explanation of extenuating circumstances may be submitted for special consideration by the Board.

Send the request for refund to AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.

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

## EXTENSIONS

Applicants currently certified by the WOCNCB may request an extension of their credentials for serious medical reasons only. If the applicant has registered for the current examination cycle, the fee may be transferred to the next examination cycle.

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). Documentation may be requested.
- Must request the extension in writing to the WOCNCB Office, located at 555 East Wells Street, Suite 1100, Milwaukee, WI 53202.

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

If the extension is granted, it is only for a maximum of six months. Only one extension request will be granted per applicant, per five years.

## CODES FOR WOC(ET) NURSING EDUCATION PROGRAMS

Below is a listing of the WOC Nursing Education Programs currently accredited by WOCN. If you are applying through eligibility requirement 3a on page 3, you must specify on your application the appropriate code for the WOCN accredited school from which you graduated.

<u>Education Program</u>	<u>Code</u>
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
Medical University of South Carolina – Charleston, SC	
Traditional . . . . .	116
Split-option . . . . .	216
Cleveland Clinic WOC(ET) Education – Cleveland, OH	
Traditional . . . . .	119
Split-option . . . . .	219
University of Texas – Houston, TX (M.D. Anderson)	
Traditional . . . . .	118
Split-option . . . . .	218
University of Virginia	
Traditional . . . . .	111
University of Washington Education Program	
Wound Management	
Traditional . . . . .	123
Ostomy Management	
Traditional . . . . .	223
WebWOCNurse.com	
Distance Learning . . . . .	324
Discontinued Programs . . . . .	199

If you have graduated from a recently accredited school, please call AMP at 913/895-4600 for the code number.

## ASSESSMENT CENTER LOCATIONS AND HOLIDAYS

The examinations are delivered by computer at over 150 AMP Assessment Centers geographically located throughout the United States. The examination is administered by appointment only, Monday through Friday at 9:00 a.m. and 1:30 p.m. Candidates are scheduled on a first-come, first-served basis. Detailed maps and directions are available on our website [www.wocncb.org](http://www.wocncb.org). Choose “Certification by Examination” and click on “Locating Assessment Centers.” Locations are subject to change. The examination is not offered on the following holidays:

- New Year’s Day
- Martin Luther King Day
- Presidents’ Day
- Good Friday

- Memorial Day
- Independence Day (July 4)
- Labor Day
- Columbus Day
- Veterans’ Day
- Thanksgiving Day (and the following Friday)
- Christmas Eve Day
- Christmas Day
- New Year’s Eve Day

## REQUESTS FOR INTERNATIONAL/MILITARY TEST CENTERS

Requests may be made for international and/or military test centers by contacting the AMP office at 913/895-4600. Reservations for these special sites will require an additional test center fee as follows:

Military Test Centers (DANTES)	\$520
Canada	\$970
Other International Sites	\$1,340

The cost of a special test center may be shared by multiple individuals. Please include this information in your written request.

International test centers may be arranged for candidates living outside the United States. A written request indicating the preferred country and city of testing must be mailed to the AMP office and be postmarked at least 90 days prior to the desired examination date.

Military personnel should contact the Test Control Officer in the Education Office of the military installation at which they are stationed. The Test Control Officer should notify AMP in writing of the exact location where testing should be arranged. Information regarding your request will be sent to you after receipt at the AMP office.

Examinations given outside the United States will be in paper-and-pencil format. Tests are based on practices performed in the United States. Following the examination, score reports will be sent in approximately six (6) weeks.

## REQUESTS FOR SPECIAL EXAMINATION ACCOMMODATIONS

The WOCNCB® and AMP comply with the Americans with Disabilities Act (ADA) to ensure that individuals with disabilities are not deprived of the opportunity to take the examination solely by reason of a disability, as required and defined by the relevant provisions of the law. Special examination arrangements may be made for these individuals, provided that an appropriate request for accommodation is submitted to AMP by the postmark application deadline and the request is approved. A form for requesting special accommodations is included in this handbook on page 15. This form must be signed by an appropriate professional and submitted with the examination application.

## TELECOMMUNICATION DEVICES FOR THE DEAF

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

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## EXAMINATION APPOINTMENT CHANGES

A candidate may reschedule an examination appointment at no charge **once** online at [www.goAMP.com](http://www.goAMP.com) or by calling AMP at 888/519-9901 **at least two business days** prior to the scheduled examination session. (See table below.)

If the examination is scheduled on...	AMP must be contacted by by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

If you choose to retake the examination in a different quarterly examination cycle, a complete application, examination fee, and documentation of eligibility are required.

There is no limit to the number of times a candidate may take the examination(s) providing all eligibility requirements are met each time an application is submitted.

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## INCLEMENT WEATHER, POWER FAILURE OR EMERGENCY

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center. If power to an examination center is temporarily interrupted during an administration, your examination will restart where you left off and you may continue the examination.

Candidates may contact AMP's Weather Hotline at 800/380-5416 (24 hours/day) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding a rescheduled examination date or reapplication procedures.

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## NAME AND ADDRESS CHANGES

If you move or change your name, you should immediately notify AMP at 18000 W. 105th Street, Olathe, KS 66061-7543 in writing. To ensure proper identification at the Assessment Center, any name changes should be submitted to AMP prior to taking the examination. Please use the form included on page 20 of this handbook.

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## TAKING THE EXAMINATION

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your

examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the office, look for the signs indicating AMP Assessment Center Check-in. **A CANDIDATE WHO ARRIVES MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME WILL NOT BE ADMITTED.**

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## IDENTIFICATION

To gain admission to the Assessment Center, a candidate needs to present two forms of identification, one issued by a government agency with a current photograph. Both forms of identification must be current and include the candidate's current name and signature. The candidate will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable.

**YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.**

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## RULES FOR EXAMINATION

### SECURITY

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

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room.
- No programmable calculators are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- Keys and wallets are the only personal items candidates may take into the testing room. AMP will not be responsible for any items left in the reception area of the Assessment Centers.

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### EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in. You will be provided with scratch paper to use during the examination, which must be returned to the proctor at the completion of testing or you will not receive a score report. No documents or notes of any kind may be removed from the examination room.
- Earplugs are provided upon request.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

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## MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- uses electronic communications equipment such as pagers, cellular phones, palm pilots;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

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## COPYRIGHTED EXAMINATION 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 may subject you to severe civil and criminal penalties.

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## THE EXAMINATION

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### PRACTICE EXAMINATION

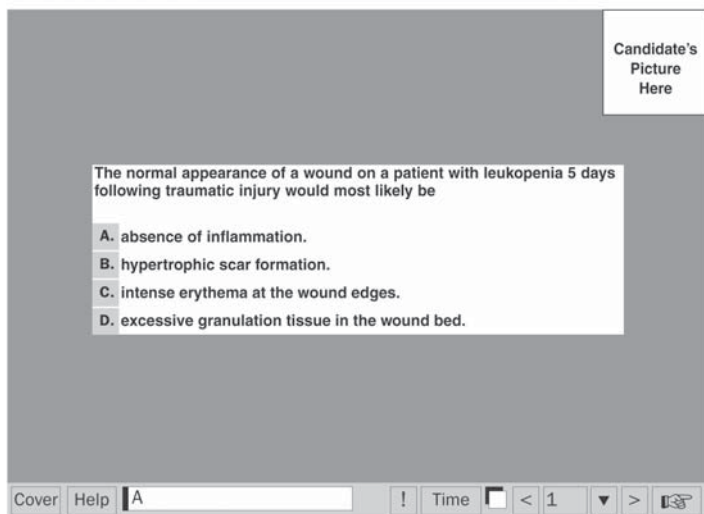
Prior to the timed examination, the candidate will be given the opportunity to take a practice examination on the computer. The time used for this practice examination is NOT counted as part of the timed examination. Candidates may exit the practice examination at any time.

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### TIMED EXAMINATION

Following the practice examination, the timed examination begins. Instructions for the examination are provided on the computer screen. Candidates are allowed 90 minutes per examination.

#### Example of Computer Test Screen



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed.

You may click on the "Time" box in the lower right-hand corner of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse.

To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

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

An examination question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key.

When the examination is completed, the number of questions answered is reported. If all questions have not been answered and there is time remaining, return to the examination and answer those questions. Be sure to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

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## CANDIDATE COMMENTS

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

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## FOLLOWING THE EXAMINATION

After completing the examination, candidates are asked to complete a short evaluation of their examination experience. Then, candidates are instructed to report to the examination proctor to receive their score report. Examination scores are available immediately after the examination. Scores are reported in written form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

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## IF YOU PASS THE EXAMINATION

Candidates who pass may use the appropriate credential immediately, but candidates should be aware that a complete official review will be conducted by the Board and may result in revocation.

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## IF YOU DO NOT PASS THE EXAMINATION

Candidates who do not pass may retake the examination one time within the current quarterly examination cycle by completing the form at the bottom of the score report and submitting the appropriate fee minus \$75. This discount is given one time only, and only within the current examination cycle. In order to retest within the same quarter, AMP must receive your reapplication 30 days prior to the end of the examination quarter. Reapplicants within the same examination quarter may call AMP approximately 7-10 business days after mailing their reapplication to schedule their examination appointment.

If you choose to retake the examination in a later quarterly examination cycle, you must start the application process again by completing a new application, then submit to AMP along with all required supporting documentation and the entire fee.

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## SCORES CANCELED BY THE WOCNCB® OR AMP

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

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## FAILING TO REPORT FOR AN EXAMINATION

A candidate who fails to report for an examination may submit a refund request in writing to WOCNCB. Please see page 5 of this candidate handbook for refund information. A completed application, examination fee, and documentation of eligibility are required to reapply for examination.

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## CONFIDENTIALITY

Information about candidates for testing 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.

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## DUPLICATE SCORE REPORTS

Requests for duplicate score reports must be made in writing to AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, within one year of the examination date. Your request must include your name, Social Security number, address, examination date, examination type, Assessment Center and signature. The fee for a duplicate score report is \$15 each. Be sure to include a check or money order made payable to AMP for the appropriate amount with your request.

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## SCORING

In computer-administered testing, the computer accepts responses from a keyboard or mouse in digitized form. As a result, computerized testing eliminates problems that may have previously arisen with scanning and scoring paper-and-pencil answer sheets.

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## CERTIFICATES

Certificates are issued on a quarterly basis in January, April, July, and October (about four weeks following each testing cycle.)

Certificates will be mailed to successful candidates by the end of the month following the examination **quarter**. For example, if the examination quarter is January through March, certificates will be sent at the end of April.

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## DUPLICATE CERTIFICATES

Duplicate certificates may be obtained from AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, by written request for a fee of \$10 within one year of the examination date. Be sure to include a check or money order made payable to AMP with your request.

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## REVOCACTION OF CERTIFICATION

An individual's certification will be revoked for any of the following reasons:

1. Falsification of the application or application materials.
2. Knowingly assisting another person or persons in obtaining or attempting to obtain certification or recertification by fraud.
3. Illegal use of the certification certificate or falsification of credentials. This would include any lapse in professional license during the five-year period, any appearance of revocation including those due to any misdemeanor or felony charges.
4. Unauthorized possession and/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 individual to initiate this process. The complete process may be found on the Board's website at [www.wocncb.org](http://www.wocncb.org) in the area of Credentialing Review and Appeals. Written appeals should be forwarded to the WOCNCB® at the address listed on the web site or the back cover of this handbook.

# EXAMINATION CONTENT

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 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 conducted in 2005 and is described in the detailed content outline starting below. The job analysis is 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 and determined the content of the examination by evaluating the practice activities that were judged by the respondents to be a part of practice and

significance enough to warrant inclusion in the examination. The 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:

1. **Recall:** The ability to recall or recognize specific information is required.
2. **Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required.
3. **Analysis:** The ability to analyze and synthesize information, determine solutions and/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

### 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
  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 (TcPO<sub>2</sub>)

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
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, B<sub>12</sub>)
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)
- 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

Items are classified by content, as shown above, and also by the cognitive level requirement expected of a candidate. Approximately 25 percent of the examinations will require recall, 61 percent will require application, and 14 percent require analysis on the part of the candidate.

## SAMPLE QUESTIONS

These sample questions are representative of actual examination questions. Additional study questions are available in the WOCNCB® Self-Assessment Examination (SAE). The SAE provides self assessment (or practice) to measure your professional knowledge and prepare you for the actual credentialing examination. This web-based SAE gives you instantaneous scoring and results, along with feedback and references on your answers. To purchase the SAE, visit the [www.goAMP.com](http://www.goAMP.com) website, and click on "Visit the online LXR Store."

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

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## **SUGGESTED REFERENCES**

This list does not attempt to include all acceptable references, nor is it suggested that the WOCNCB® examinations are necessarily based on these references.

### **BOOKS**

- Acute and Chronic Wounds: Current Management Concepts, 3rd Edition. Bryant, R. and Nix, Denise. St. Louis, Mosby, Inc., 2006.
- Fecal and Urinary Diversions: Management Principles. Colwell, J, Goldberg, M, Carmel, J. St. Louis, Mosby, Inc., 2004.
- Guideline for Management of Patients with LEAD. WOCN Clinical Guideline Series, 2002.
- Guideline for Management of Patients with LEND. WOCN Clinical Guideline Series, 2003.
- Guideline for Management of Patients with LEVD. WOCN Clinical Guideline Series, 2004.
- Guideline for Prevention and Management of Pressure Ulcers. WOCN Clinical Practice Guideline Series, 2003.
- Managing and Treating Urinary Incontinence. Newman, Diane. Health Professions Press, Baltimore, MD. 2002.
- Pressure Ulcers: Guidelines for Prevention and Nursing Management 3rd edition. Maklebust, J. and Sieggren, M. SpringhouseCorp. 2001.
- Skin Disease: Diagnosis and Treatment 2nd ed. Habif, Thomas, et al. Mosby, Inc., 2004.
- The Diabetic Foot (6th Edition). Levin, ME; O'Neal, LW. and Bowker, JH. St. Louis, Mosby, Inc. 2001. (7th ed. available in 2007)
- Urinary and Fecal Incontinence, 3rd Edition. Doughty, DB. St. Louis, Mosby, Inc., 2005.
- Wound Care: Nurses Clinical Guide, 5th ed. Hess, CT. Lippincott, Williams and Wilkins, 2004.

### **JOURNALS**

- Advances in Skin and Wound Care, The Journal for Prevention and Healing. Lippincott, Williams & Wilkins.
- Journal of WOCN. Official publication of the Wound, Ostomy and Continence Nurses Society (WOCN), Lippincott, Williams & Wilkins.
- Ostomy Wound Management. Contemporary topics in skin, wound, ostomy and incontinence care. Health Management Publications, Inc
- Urologic Nursing. Official Publication of the Society of Urologic Nurses and Associates (SUNA), Anthony J. Janetti, Inc.
- Wounds. A Compendium of Clinical Research and Practice. Health Management Publications, In
- .



# REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side and submit it with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

## Candidate Information

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

## Special Accommodations

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

Please provide (check all that apply):

- Accessible testing site
- Special seating
- Reader
- Extended testing time (time and a half)
- Distraction-free room
- Other special accommodations (Please specify.)

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

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

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with your examination application and fee to:  
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.  
If you have questions, call the Candidate Support Center at 913/895-4600.



# DOCUMENTATION OF DISABILITY-RELATED NEEDS

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

## Professional Documentation

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

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

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

Description of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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

Return this form with your examination application and fee to:  
Candidate Support Center, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543.  
If you have questions, call the Candidate Support Center at 913/895-4600.

# Examination Application

**Instructions:** To apply for a WOCNCB® examination, please return the completed application with all appropriate fees and documentation to:

WOCNCB® Examination  
c/o Applied Measurement Professionals, Inc. (AMP)  
18000 W. 105th Street  
Olathe, KS 66061-7543

Within approximately six weeks of receiving your application, AMP will forward either a confirmation notice or a letter explaining why the application is being returned. You are advised to keep a copy of your completed application for your records. WOCNCB is not responsible for correspondence lost in the mail.

## Section 1: Personal Information (please print using black or blue ink)

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

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone #: Day \_\_\_\_\_ Evening \_\_\_\_\_

Mailing Address: (street, apt #, city, state, zip code, country)  
\_\_\_\_\_  
\_\_\_\_\_

Education: (Check Highest)

- Diploma  Associate  BA  BS  BSN  MSN  PhD  
 NP  CNS  Other: (specify) \_\_\_\_\_

Practice Setting: (Check All That Apply)

- Acute  Homecare  Outpatient  Extended  
 Education  Administration  Research

Years in Nursing: \_\_\_\_\_ Years as a WOC Nurse: \_\_\_\_\_

## Section 2: Examination Information

Indicate Quarterly Examination Cycle Desired Postmark Deadline

- |  |             |
|--|-------------|
| <input type="checkbox"/> January 1 – March 31    | November 15 |
| <input type="checkbox"/> April 1 – June 30       | February 15 |
| <input type="checkbox"/> July 1 – September 30   | May 15      |
| <input type="checkbox"/> October 1 – December 23 | August 15   |

### Examination Fees

Indicate the appropriate fee(s). Make check or money order payable to AMP or pay by credit card.

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

This new schedule also applies for any combination of recertification pathways; by exam and/or Professional Growth Program; and/or combination of specialty exams (i.e., wound, ostomy, continence and/or foot/nail certification).

See page 4 for late application fees.

If payment is by credit card, complete the following:

- VISA  MasterCard

Card #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Your name as appears on card: \_\_\_\_\_

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

## Section 3: Examination(s) for which you are applying

Indicate the examination(s) for which you are applying and your applicant status (e.g., new applicant).

**Note:** Complete all three sections if you are seeking the CWOCN® credential.

### Certified Wound Care Nurse Examination

- New applicant  
 Reapplicant – The last time I attempted this examination was: \_\_\_\_\_ / \_\_\_\_\_  
mo. / yr.  
 Applicant for Recertification – My last date of certification is: \_\_\_\_\_ / \_\_\_\_\_  
mo. / yr.

### Certified Ostomy Care Nurse Examination

- New applicant  
 Reapplicant – The last time I attempted this examination was: \_\_\_\_\_ / \_\_\_\_\_  
mo. / yr.  
 Applicant for Recertification – My last date of certification is: \_\_\_\_\_ / \_\_\_\_\_  
mo. / yr.

### Certified Continence Care Nurse Examination

- New applicant  
 Reapplicant – The last time I attempted this examination was: \_\_\_\_\_ / \_\_\_\_\_  
mo. / yr.  
 Applicant for Recertification – My last date of certification is: \_\_\_\_\_ / \_\_\_\_\_  
mo. / yr.

If you are recertifying your CWOCN® credential, you must successfully complete all three examinations within two consecutive quarterly testing cycle.

## Section 4: Eligibility

### Initial certification:

- I am currently licensed as a Registered Nurse. (A copy of your current license must be enclosed.)

### AND

- I hold a baccalaureate degree. (A copy of your diploma or transcript must be enclosed.)

### AND

– choose ONE of the following to document your eligibility:

- I am a graduate of a WOC (ET) Nursing Education Program accredited by WOCN.  
\_\_\_\_ Year of Graduation  
\_\_\_\_ Program Code (see page 6 in this Handbook for a listing)
- You must apply within five (5) years of program graduation. (Effective Jan. 1, 2009)
  - Skip to Section 8 if you are a program graduate.
  - A copy of your certificate of completion/graduation must be enclosed.
- I am applying as a Graduate Pathway Candidate and have completed a graduate program in nursing with documentation of graduate clinical course work equivalent to two semester credits in each specialty for which certification is sought.
- Official college transcripts, Diploma, and course descriptions must be enclosed.
  - Credits must directly apply to the clinical practice in the specialty for which you apply.
- I am applying as an Experiential Pathway Candidate and have 50 contact hours and 1,500 clinical experience hours over the last five years within each specialty for which certification is sought.
- Copies of diploma and certificates of completion of contact hours must be enclosed.
  - Fill in sections 6 & 7 if you are an Experiential Pathway candidate.
  - Complete page 19 to verify CEUs.
  - CEUs must directly apply to the clinical practice in the specialty for which you apply.

### Recertification of valid (non-lapsed) credentials:

- I am currently licensed as a Registered Nurse.  
Program Code \_\_\_\_\_ See page 6 in this Handbook for a listing.
- A copy of your current license must be enclosed. No other documentation is required.
  - Skip to Section 8 if you are a program graduate.

### Recertification of lapsed credentials:

- Please fill in your eligibility at the top of Section 4, as an initial certification. The eligibility requirements are the same. However, if your credentials are lapsed more than two (2) years, effective January 1, 2009 you must apply via the Experiential Pathway.

**Section 5: Special ADA Accommodation Request**  
 Yes (Completed forms on pages 15 and 16 must be enclosed.)

Sections 6 & 7 must be completed ONLY by Experiential Pathway candidates. If you are a WOC Education Program graduate, please skip sections 6 & 7.

**Section 6: Verification of Previous Experience**  
**Previous Employment**  
 List previous employers below. If you need additional space to verify other employment pertinent to your eligibility, please include an additional page.  
 Not applicable to the 1,500 hours per specialty  
 Employment Dates From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title/Position: \_\_\_\_\_

Hours Worked Per Week	×	# of Weeks	=	Total Hours
Wound	_____	×	_____	= Wound _____
Ostomy	_____	×	_____	= Ostomy _____
Continenence	_____	×	_____	= Continenence _____

Supervisor's Name: \_\_\_\_\_  
 Supervisor's Phone #: \_\_\_\_\_  
 Employment Dates From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 Name of Employer: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Your Title/Position: \_\_\_\_\_

Hours Worked Per Week	×	# of Weeks	=	Total Hours
Wound	_____	×	_____	= Wound _____
Ostomy	_____	×	_____	= Ostomy _____
Continenence	_____	×	_____	= Continenence _____

Supervisor's Name: \_\_\_\_\_  
 Supervisor's Phone #: \_\_\_\_\_

**Section 7: Verification of Current Experience**  
**This section must be completed by your Medical Director, Administrative Director or immediate supervisor.**  
 I am the Medical Director, Administrative Director or immediate supervisor of the individual who has completed this application for the WOCNCB® Examination(s). I hereby certify that the applicant has completed at least 1,500 hours clinical experience in wound, ostomy and/or continence practice in the last five years for each specialty certification being sought (4,500 hours if all three specialties are being sought). Further, 375 hours must have occurred within the past **one** year prior to application.

**Present Employment**

Hours Worked Per Week	×	# of Weeks	=	Total Hours in Last 5 Years
Wound	_____	×	_____	= Wound _____
Ostomy	_____	×	_____	= Ostomy _____
Continenence	_____	×	_____	= Continenence _____

Plus Section 6 Total Hours \_\_\_\_\_  
 Grand Total in the Last 5 Years \_\_\_\_\_

Employment Dates From: \_\_\_/\_\_\_/\_\_\_ To: \_\_\_/\_\_\_/\_\_\_  
 Hospital or Company Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Phone #: \_\_\_\_\_

**Section 8: Referral Database and Information**

The WOCNCB® would like to include you in a certified nurse referral database on our Web site, [www.wocncb.org](http://www.wocncb.org). We would like permission to include your name, address, telephone number and e-mail in this database. This information will not be sold for industry marketing purposes.

I agree  
 I do not agree

I am interested in clinical, professional practice or WOC educational information. Please send me information on the Wound Ostomy and Continence Nurses Society.

Yes  
 No

**Section 9: Authorization of Name and Score Release**  
**(This section to be completed only by graduates of WOCN accredited WOC Nursing Education Programs.)**

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 program.

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

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

**Section 10: Signature**

I certify that I have read all portions of the WOCNCB® Candidate 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 all documentation that supports my application will be kept available by me for submission to the WOCNCB® should I be requested to participate in random audits for quality assurance.

Name (please print): \_\_\_\_\_  
 Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_



## EXPERIENTIAL PATHWAY VERIFICATION OF CONTINUING EDUCATION FORM

Name \_\_\_\_\_ Date \_\_\_\_\_

1. Complete a separate form for each specialty area. Check one:  Wound  Ostomy  Continence
2. Point calculation: 1 point for each CEU or contact hour.
3. CEUs must directly apply to the clinical practice in the specialty for which you apply.

Program Date(s)	Title of Course	Course Provider	Approved Accrediting Organization	Hours/Points
6/2005	Example: Ethics in Wound Care	County General Hospital	Ohio Nurses Association	3
			<b>Total CEUs</b>	



## CHANGE OF NAME AND/OR ADDRESS FORM

Complete this form and return to: WOCNCB® Examination, Applied Measurement Professionals, Inc. (AMP), 18000 W. 105th Street, Olathe, KS 66061-7543 USA.

---

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

---

ID/Social Security number

---

Mailing Address

---

City

State

Zip Code

---

Daytime Telephone Number

---

E-mail Address

**It is imperative that you inform AMP of a name and/or address change. Doing so ensures that you will receive your recertification materials on time the next time you are due to recertify.**

**Please note that the WOCN Society and WOCNCB are separate entities, so you must notify both organizations if you change your name and/or address.**

**You may also notify WOCNCB of address change via e-mail to: [info@wocncb.org](mailto:info@wocncb.org).**

WOCNCB®  
555 East Wells Street  
Milwaukee, WI 53202  
Phone: 888/496-2622  
E-mail: [info@wocncb.org](mailto:info@wocncb.org)  
Web: [www.wocncb.org](http://www.wocncb.org)