

Certified Skin & Wound Specialist Examination

INSTRUCTIONS

Please submit the following documents to the American Board of Wound Healing:

1. Signed Attestation Statement (See attached PDF)
 - Confirming the applicant has a minimum of two years of experience in a hospital setting or outpatient facility with training as a Wound Care Assistant or equivalent clinical position.
 - Confirming the applicant has achieved minimum of 200 hours of clinical wound care training and active practice experience per year for the prior 2 years.
2. Copy of Certificate of Completion of 12 CME/CEU Wound Care Credits.
3. Completion of Core Competencies (See attached PDFs).
 - Wound Care (Basic Knowledge, Patient Skills, Wound Care Procedures & Regulations)
 - Core Competencies must be verified and endorsed by your employer, Medical Director or Program Manager validating your clinical experience detailed in the Core Competency Checklists.
4. Copy of State License (if applicable)
5. Copy of Resume

You may fax or e-mail your documents to the ABWH

Fax: 414-410-9104

E-mail: applications@abwh.net

ATTESTATION STATEMENT

- I have achieved a minimum of two years' experience in a hospital setting or outpatient facility in a Wound Care clinical position.
- I have performed a minimum of 500 clinical hours of direct patient care per year for the prior 2 years.
- I attest that I have mastered the Core Competencies in Wound Care, as verified and endorsed by my Medical Director or Program Manager.
- I have direct experience in the following areas:
 - _____ Patient Assessment
 - _____ Dressing Removal
 - _____ Wound Assessment
 - _____ Wound Cleansing
 - _____ Assistant in Wound Debridement
 - _____ Procedure Assistant (e.g. TCC, NPWT, CTPs, etc)
 - _____ Wound Photography
 - _____ Wound Care Documentation
 - _____ Wound Dressing Application
 - _____ Patient Transport
 - _____ Other (Please List: _____)

I certify that the information contained in this application is accurate and complete. I understand that any recognition granted me may be forfeited if I have falsified or omitted information. I further certify that I understand that CSWS certification is granted upon successful completion of the examination. I am not entitled to a refund (unless my application is rejected, a partial application refund is then issued). I also understand that CSWS certification will be valid for five (5) years and that recertification will be required to maintain active CSWS status after the initial five year certification period.

Applicant's Name: _____

Applicant's Signature: _____ **Date:** _____

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED SKIN & WOUND SPECIALIST

CORE COMPETENCY CHECKLIST



Applicant's Name: _____

BASIC WOUND KNOWLEDGE

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CSWS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Describe the stages of normal wound healing	
2	Identify to following anatomy: Skin (epidermis and dermis), subcutaneous, muscle, fascia, tendon, joint, bone.	
3	List the 5 key functions that the dermis (provides tensile strength, moisture retention, nourishment, protection of internal tissues and sebum secretion)	
4	Describe the differences between acute and chronic wounds	
5	List 4 phases of wound healing and explain the basic cellular events which occur during each phase (Hemostasis, Inflammatory, Proliferative and Maturation)	
6	Explain the basic function of the following: Platelets, Macrophages, Fibroblasts, Growth-factors, Matrix Metalloproteinases	
7	List factors which may compromise normal healing (e.g. perfusion, tobacco, nutritional status, diabetes, obesity, medications, advanced age, immunosuppression, comorbidities, etc)	
8	Be able to identify and classify the following types of wounds: diabetic, arterial, venous, pressure, surgical, traumatic, malignancy and atypical.	
9	Demonstrate the ability to identify the following within a wound: necrotic tissue, slough-fibrin, granulation tissue, and epithelium.	
10	Distinguish between wound inflammation and infection.	
11	Discuss wound colonization and critical colonization.	
12	Explain the importance of control of wound bioburden and list several therapeutic options to accomplish this.	
13	Discuss the primary major categories of dressings (e.g. hydrogels, hydrocolloids, alginates, foams, collagen, composite, silver and enzymatic) and the appropriate use of each	
14	Describe the difference between a primary and secondary dressing	
15	Explain a wet-to-dry gauze dressing and list the benefits and drawbacks to this dressing technique	
16	Understand the concept of wound bed preparation	
17	Describe the importance of debridement in wound management	
18	List and describe the options for debridement (e.g. surgical, autolytic, mechanical, enzymatic)	

Applicant's Name: _____

19	Describe the differences between the acute and chronic wound and a partial thickness and full thickness wound	
20	Describe the differences of wound healing by primary intention, secondary intention, and tertiary intention	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

APPLICANT SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Skin & Wound Specialist Examination. I understand that falsifying this documentation could result in revocation of the applicant's approval to sit for the certification examination.

SUPERVISOR NAME: _____

TITLE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED SKIN & WOUND SPECIALIST

CORE COMPETENCY CHECKLIST



Applicant's Name: _____

WOUND CARE PROCEDURES

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CSWS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Explain the importance of accomplishing an informed consent and time-out prior to procedure	
2	Demonstrate proper hand washing technique and the use of personal protective equipment	
3	Understand the difference between sterile and clean procedures and demonstrate good aseptic technique	
4	Perform atraumatic dressing removal and correctly apply new dressing	
5	Show how to assess and describe any wound drainage or exudate, noting the amount, color and characteristics of any odor	
6	Demonstrate how to measure a wound with length, width and depth in centimeters	
7	Show the proper way to measure depth of sinus tracts, and the extent of tunneling and undermining using the face of clock documentation	
8	Demonstrate the proper protocol for wound photography	
9	Understand the purpose of wound culture and demonstrate the proper technique of wound swabbing	
10	Demonstrate proper technique for application of various common compression therapies (e.g. Tubigrip, SurePress, Multilayer compression and Compression stockings)	
11	Demonstrate the ability to perform lower extremity assessment including ABI's, Pedal and Posterior Tibial pulses using Doppler, and Transcutaneous Oximetry	
12	Demonstrate knowledge and skill in assisting with the care of the following devices: Intravenous Lines, Foley Catheters, Chest Tube Drains, PCA Pumps, Surgical Drains, and Nasogastric Tubes	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

APPLICANT SIGNATURE: _____

DATE: _____

Applicant's Name: _____

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Skin & Wound Specialist Examination. I understand that falsifying this documentation could result in revocation of the applicant's approval to sit for the certification examination.

SUPERVISOR NAME:

TITLE:

SUPERVISOR SIGNATURE:

DATE:

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED SKIN & WOUND SPECIALIST

CORE COMPETENCY CHECKLIST



Applicant's Name: _____

PATIENT SKILLS

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CSWS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Demonstrate friendly and professional patient care, accountability for actions, and knowledge of own limitations and know when to seek help and advice	
2	Show the correct method of patient identification	
3	Describe how to complete a comprehensive patient assessment and explain the importance of a thorough history and physical examination	
4	Explain how to assess and document the presence or absence of pain, with location, duration, intensity, and quality	
5	Demonstrate proper transfer and positioning of the wound care patient	
6	Explain the importance of proper offloading of wounds and pressure redistribution	
7	Know how to properly stage a pressure ulcer using the NPUAP staging system and what is unstageable	
8	State the purpose of individualized care plans with achievable objectives, clear instructions and evidence of review	
9	Discuss health and lifestyle issues to enhance general health and wound healing	
10	Demonstrate skill in teaching the patient (or family member) home self-care for wound cleansing and dressing application	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

APPLICANT SIGNATURE: _____

DATE: _____

Applicant's Name: _____

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Skin & Wound Specialist Examination. I understand that falsifying this documentation could result in revocation of the applicant's approval to sit for the certification examination.

SUPERVISOR NAME:

TITLE:

SUPERVISOR SIGNATURE:

DATE:

THE AMERICAN BOARD OF WOUND HEALING

CERTIFIED SKIN & WOUND SPECIALIST

CORE COMPETENCY CHECKLIST



Applicant's Name: _____

WOUND CARE REGULATIONS

CHECKLIST

The following Core Competency Checklist must be reviewed by the applicant's manager/supervisor. The manager/supervisor must attest to the applicant's knowledge and clinical skill for each element on the checklist by checking or initialing the "Competency Demonstrated" box and then signing and dating the bottom of the form. The completed core competency checklists must then be submitted as part of the examination application. No applicant will be allowed to take the CSWS examination without all of the Core Competency Checklists being completed and signed by an authority.

	The applicant has successfully demonstrated competency in the following areas:	COMPETENCY DEMONSTRATED
1	Describe the how to maintain patient privacy and dignity	
2	Explain proper disposal protocol for used dressings	
3	Show proper handling (disposal or cleaning for reesterilization) of instruments in accordance with local policies	
4	Explain the importance adherence to infection control policies	
5	Explain the terms HIPPA, ADVAMED, CMS and MAC	

TO BE COMPLETED BY THE APPLICANT

I have demonstrated knowledge and skill in all of the above areas. I understand that the American Board of Wound Healing is responsible for testing and verifying my claim of competency in these areas by formal examination. The American Board of Wound Healing is not responsible for the actual validation of my competency in these areas.

APPLICANT SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY THE MANAGER OR SUPERVISOR

I have supervised the above applicant and attest that he/she has demonstrated competency in the basic medical knowledge and clinical skills listed on the Core Competency Checklist. I have reviewed this entire document and understand that the applicant intends to submit this checklist as part of their application for the Certified Skin & Wound Specialist Examination. I understand that falsifying this documentation could result in revocation of the applicant's approval to sit for the certification examination.

SUPERVISOR NAME: _____

TITLE: _____

SUPERVISOR SIGNATURE: _____

DATE: _____