

# Physician Certification in Wound Care

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## INSTRUCTIONS

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

1. Photocopy of Drivers License
2. Photocopy of Medical School Diploma
3. Photocopy of Board Certification (if applicable)
4. Photocopy of State Medical License
5. Documentation of Membership in a Professional Wound Care Society (optional)
6. Curriculum Vitae
7. Verification of completion of at least 20 hours of wound care based continuing medical education credit
8. Letter of Verification from program Medical Director or hospital administrator documenting good standing and active status of professional credentialing
9. Personal Letter of Verification (see attached example)
10. Case log (see attached example)

You may submit your documents by fax or email:

- Fax to: 414-410-9104
- Email to: [applications@abwh.net](mailto:applications@abwh.net)



\_\_\_\_\_  
Patient Initials      Medical Record #      Date of Service      Diagnosis

\_\_\_\_\_  
Patient Initials      Medical Record #      Date of Service      Diagnosis

*I hereby authorize release of information to the American Board of Wound Healing to verify my medical staff privileges and status, as well as my case data.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

***PERSONAL VERIFICATION LETTER (EXAMPLE)***

I certify that the information I have provided in this application is correct and complete, and understand that any certification granted me must be returned if I have falsified or omitted information. I further certify that I understand that certification is granted upon all of the information in my application, that there is no appeal for an adverse decision by the ABWH, and waive my rights to seek legal remedy should I not be certified at this time. In the event that I do not take this exam, I am entitled to a refund of \$500. I also understand that being certified as a specialist in wound care will have a seven year life, after which recertification is necessary to maintain this distinction.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_