

Physician Certification in Wound Care

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 credential
9. Case log (see attached example)
10. Once all required documentation is gathered, visit ABWH.net to upload files

Patient Initials Medical Record # Date of Service Diagnosis

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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 _____