

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. total contact casting, skin substitute application, negative pressure wound therapy devices, etc)
- Wound Photography
- Wound Care Documentation
- Wound Dressing Application
- Patient Transport
- Other (Please List: _____)

I certify that the information contained in this application is correct and complete, and understand that any recognition granted me must be returned if I have falsified or omitted information. I further certify that I understand that CSWS certification is granted upon completion of the examination. I am not entitled to a refund. I also understand that being granted 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:** _____