The American Board of Wound Healing

Endorsed By American College of Hyperbaric Medicine Where Wound Healing Begins

ATTESTATION STATEMENT

I have achieved a minimum of two years of experience in a hospital setting or outpatient facility as a Hyperbaric Technician with cross training as a Wound Care Assistant or equivalent clinical position.

I have performed a minimum of 500 clinical hours of direct patient care per year for the prior 2 years. This clinical time has been shared between hyperbaric chamber operations and participation in wound related patient care and management.

At least 25% of my clinical time has been dedicated to direct patient related wound care activities. 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 CHWS certification is granted upon completion of the examination. I am not entitled to a refund. I also understand that being granted CHWS certification will be valid for five (5) years and that recertification will be required to maintain active CHWS status after the initial five year certification period.

Applicant's Name: _____

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