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The American College of Certified Wound Specialists® Application for Membership

The American College of Certified Wound Specialists™ (ACCWST™) was incorporated on January 26, 2005, as the professional membership association for Certified Wound Specialists®. **Only individuals certified as a CWS® or CWCA™ can become a Member of The College and use the designation “FACCWS” or “AACCWS” after their names.** The purposes of The College are to promote and support patient care, education, research and knowledge in the interdisciplinary field of wound management; and, more specifically, to elevate the standards of prevention, care, and treatment of acute and chronic wounds and, thereby, improve the public health.

Membership Categories

Membership in The College requires support of the purposes and goals of The College and shall be based on the following professional qualifications:

(a) **Fellow of The College (FACCWS)** shall be currently certified as a Certified Wound Specialist® (CWS®) by the American Academy of Wound Management (AAWM). The original Fellowship of The College, as determined by the Board of Directors, shall individually be known as Fellows. FACCWS Membership Application cost is \$175.00.

(b) **Associate of The College (AACCWS)** shall be currently certified as a Certified Wound Care Associate® (CWCA®) by the American Academy of Wound Management (AAWM). The original Fellowship of The College, as determined by the Board of Directors, shall individually be known as Associates. AACCWS Membership Application cost is \$100.00.

Section I: Applicant Information

CWS® /CWCA™ ID #: _____

Salutation as Should it Appear: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Professional Title(s)/Position: _____

Credentials (MD, ADN, DPM, etc): _____

Affiliation/Organization or Employer: _____

Address: _____

City : _____ State: _____ Zip: _____

Section II: Education & Work Experience (required):

Directions: Please Attach a copy of your resume/curriculum vitae. This can be included in paper form or on a electronic disk.

For Office Use:

Date Received: _____

Invoice #: _____

Amount Paid:\$ _____

ACCWS™ Application Agreement

ALL APPLICANTS FOR MEMBERSHIP MUST AGREE TO THE FOLLOWING STATEMENTS:

- I hereby apply to The American College of Certified Wound Specialists™ (“The College”) for membership in The College in accordance with and subject to the procedures and regulations of the College. I agree to disqualification from membership and to forfeiture and redelivery of any certificate or other indicia of membership granted me by The College in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations of The College.
- I hereby grant permission to The American College of Certified Wound Specialists (here inafter referred to as “The College”) to use the provided name and image in publications of the College including but not limited to the website (www.theccws.org), newsletters, promotion materials, and print materials. I certify that I own this image and am able to grant The College permission / right to its use. In addition, I certify that that the images provided comply with all related laws and or regulations, such as the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, authorize The College or anyone authorized by The College, to use throughout the world and in all present and future editions and media. I release The College from any claims that may arise regarding the use of this image, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity, or copyright
- The American College of Certified Wound Specialists (ACCWS) occasionally makes its members’ addresses (excluding telephone) available to vendors who provide products and services to the wound care community. All vendors and correspondence are reviewed and other measures taken by the ACCWS to ensure that this information is used in accordance with the ACCWS policy. If you prefer not to be included in these lists, please check the box provided
- I understand that email is an expedient communication vehicle to send messages in the College membership. Because of the versatility and ubiquity of email technology, ACCWS recognizes and has established the use of email as an official means of communication. This policy defines the appropriate use of any Fellows e-mail address for usage in membership and professional communications and reserves the right to distribute the membership list as it sees fit.
- I authorize The College to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing.
- I understand that this application and any information or material received or generated by The College in connection with my membership will be kept confidential and will not be released unless I have authorized such release or such release is required by law. However, the fact that I am or am not, or have or have not been, certified is a matter of public record and may be disclosed. Finally, I allow The College to use information from my application for the purposes of statistical analysis, provided that my personal identification with that information has been deleted.
- I hereby agree to hold The College, its officers, directors, examiners, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the application process, and the failure to issue me, or any demand for forfeiture or redelivery of, any indicia of membership.
- The Journal of the American College of Certified Wound Specialists magazine subscription price of one year (\$35US) is included in membership dues, and members may not deduct subscription price from dues.
- I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR MEMBERSHIP RESTS SOLELY AND EXCLUSIVELY WITH THE BOARD OF DIRECTORS OF THE COLLEGE, AND THAT THE DECISIONS OF THE BOARD ARE FINAL.
- I HAVE READ AND UNDERSTAND THESE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.

Signature: _____ Date: _____

ACCWS™ Application Fee:

- ◇ FACCWS. \$175
- ◇ AACCWS. \$100

The ACCWS™ annual dues are for one year, and your renewal date will be on the 1st of the month next year, in the month that you joined. In the event that your application is declined, any fee paid will be refunded minus the \$25 administration fee.

Payment of the first year's dues must accompany your application. Dues are payable on a yearly basis via check, money order, or credit card. \$35.00 of your membership dues goes towards a subscription to *Journal of the American College of Wound Specialists*.

METHOD OF PAYMENT

**Payment of the first year's dues must accompany your application.
Check or Money Order Enclosed for Application**
(Payable in U.S. funds to The American College of Certified Wound Specialists™)
Please charge my Credit Card the application fee:

Visa MasterCard American Express

Account #: _____ Exp. Date: _____

Cardholder Name (*print*): _____

Billing Address

Signature: _____ Date: _____

SUBMIT APPLICATION TO: The American College of Certified Wound Specialists™

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