



1155 15th Street, NW, Suite 500
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ACCWS™ APPLICATION FOR ENROLLMENT

The American College of Certified Wound Specialists™ (ACCWS™) was incorporated on January 26, 2005, as the professional membership association for Certified Wound Specialists®. **Only individuals certified as a CWS® can become Fellows of The College and use the designation “FACCWS” 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.

Section I: Applicant Information

Are you a Diplomate of the American Academy of Wound Management (AAWM)? Yes No *(If Yes, omit Section III)*

Salutation: Mr. Mrs. Ms. Miss Dr. Prof. Other: _____

Name (first/last) _____ Maiden Name _____
(This is to speed the application process and is for the purpose of verifying college transcripts, licenses, etc.)

Professional Title(s)/Position _____

Credentials (ADN, DPM, etc.) _____

Affiliation/Organization or Employer _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Fax _____

E-mail _____

Section II: Membership Categories – See Professional Qualifications on reverse side and select the appropriate category.

FELLOW CORRESPONDING MEMBER

For Sections III–V below, please attach extra pages if additional space is needed.

Section III: Education

Highest Degree _____ Year Awarded _____ Institution _____

Highest Degree _____ Year Awarded _____ Institution _____

Section IV: Work Experience – beginning with the most recent. Please attach a copy of your resume/curriculum vitae.

Dates: from _____ to _____ Employer _____

Address _____

Dates: from _____ to _____ Employer _____

Address _____

Section V: Current Licenses – attach a copy of each.

License Type _____ License # _____ State _____ Exp. Date _____

License Type _____ License # _____ State _____ Exp. Date _____

Section VI: Published Works/Presentations – attach a copy of each or include a CD-ROM(s) if applicable.

1. _____

2. _____

3. _____

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FOR OFFICE USE ONLY	Date Received	Invoice #	Amount Paid: \$
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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) A **Fellow of The College** 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.
- (b) A **Corresponding Member of The College** shall be an individual who possesses the same qualifications as a member of The College but whose permanent residence is outside of the United States and Canada.

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 AAWM. 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 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.
- 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™ ANNUAL DUES \$125

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. **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.

A one-time, nonrefundable, \$25 application fee is included in the annual dues fee. In the event that your application is declined, any annual dues paid will be refunded minus the \$25 application fee.

METHOD OF PAYMENT

Payment of the first year's dues must accompany your application.

- Check or Money Order Enclosed for \$125** (*Payable in U.S. funds to The American College of Certified Wound Specialists™*)
- Please charge \$125 to my Credit Card:**
 Visa MasterCard American Express

Account # _____ Exp. Date _____

Cardholder Name (*print*) _____

Billing Address _____

Signature _____ Date _____

SUBMIT APPLICATION TO:

The American College of Certified Wound Specialists™ • 1155 15th Street, NW, Suite 500 • Washington, DC 20005 • Fax: 202 530-0659