



ACCWS  
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## ACCWS™ 2011 New Membership Application

**The American College of Certified Wound Specialists™** 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 “AACCW” after their name. The purposes of the College are to promote and support patient care, education, research and knowledge in the interdisciplinary field of wound manage; and, more specifically, to elevate the standards of prevention, care and treatment of acute and chronic wound 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.

- Fellow of the College (FACCWS) shall be currently certified as a Certified Wound Specialists® (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.
- 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 be individually be known as Associates. AACCWS Membership Application cost is \$150.00.

### Section I: Applicant Information

CWS®/CWCA™ ID #: \_\_\_\_\_

Salutation as should it appear: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Professional

Title(s)/Position: \_\_\_\_\_

Credentials ( e.g., MD, AND, DPM) \_\_\_\_\_

Affiliation/Organization or Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

1<sup>st</sup> Phone: \_\_\_\_\_

2<sup>nd</sup> Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Website: \_\_\_\_\_

Certification Date: \_\_\_\_\_

Discipline/Specialty: \_\_\_\_\_

### Section II: Education and Work Experience (required)

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

### Section III: ACCWSTM 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 the 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 is false or in the event that I violate any of the rules or regulation of the College.
- I hereby grant permission to the American College of Certified Wound Specialists (hereinafter referred to as 'the College') to use the provided name and image in publication of the College including but not limited to the website (www.accws.org), newsletters, promotion materials and print materials. I certify that I own this image and able to grant the College permission/right to its use. In addition, I certify that the images provided comply with all related laws and/or regulations, such as the Health Insurance Portability and Accountability Act (HIPAA). Furthermore, I authorize the College or anyone authorize 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 numbers) 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 the information is used in accordance with the ACCWS policy. If you prefer not be included in these lists, please check the box provided.
- I understand that email is an expedient communication vehicle to send messages to 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 Fellow's email address for usage in membership and professional communication and reserves the right to distribute the membership list as its see fit.
- I authorize the College to make whatever inquiries and investigations it deems necessary to verify my credentials an 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, provide that my personal identification with the information has been deleted.
- I hereby agree to hold the College, its officers, directors, examiners, employees and agent, 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 (\$35USD) is include in membership dues, and member 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 DECIONS 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 .....\$150

The ACCWS™ annual dues are for one year and your renewal date will be on the 1<sup>st</sup> 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 less 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 of the Journal of the American College of Wound Specialists.

**Method of Payment**

Payment for 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 for the application fee:

Check Enclosed (Make payable to: ACCWS)

Credit Card:  VISA  MASTERCARD  AMERICAN EXPRESS

Account Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ CD Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

For office use only:

Date Received: \_\_\_\_\_

Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

NOTE: Returned checks will be charged a \$30 processing fee.