



The AMERICAN COLLEGE of CERTIFIED WOUND SPECIALISTS

COURSE APPROVAL APPLICATION STATEMENTS

On behalf of the _____ (*course or presenter's name*), I (we) hereby apply to the American College of Certified Wound Specialists (the "ACCWS") for approval of the Course in accordance with and subject to the procedures and regulations of the ACCWS. I have read and agree to the conditions set forth in the ACCWS *Criteria for Course Approval* and other materials describing the approval process. I understand and agree that the Course will be subject to denial of approval, and to forfeiture and redelivery of any approval already granted by the ACCWS, in the event that any of the statements or answers made in this application are false or in the event that any of the rules or regulations governing approved courses are violated. I authorize the ACCWS to make whatever inquiries and investigations it deems necessary to verify the contents of this application.

I understand that the content of the Certification Examinations (the "Examinations") given by the American Academy of Wound Management (the "AAWM") is proprietary and strictly confidential information. I hereby agree that I will not ask any of the Course's current or former students to disclose, either directly or indirectly, any question or any part of any question from an AAWM Examination to any person or entity, and that I will expressly caution them against such behavior.

I further understand that the unauthorized receipt, retention, possession, copying or disclosure of any Examination materials, including but not limited to the content of any Examination question, before, during, or after the Examination may subject the student, and/or the Course, to legal action. Such behavior also may result in denial or revocation of Course approval. I further understand that participation in the Course does not guarantee that the participant will successfully pass the AAWM Certification Examinations, and I agree to prominently display a statement to that effect in my Course materials.

I hereby agree to hold the ACCWS, its officers, directors, 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; or the denial or revocation of Course approval.

I understand that the decision as to whether the course qualifies for approval rests solely and exclusively with the ACCWS and that the decision of the ACCWS is final.

I have the authority to enter into this agreement on behalf of the course.

I have read and understand the above statements and I intend to be legally bound by them.

Name of Course

Name of Course Director

Signature / Date