



American Professional Wound Care Association

853 Second Stree Pike, Suite # A-1, Richboro PA 18954

(p) 215-364-4100 Wounds@apwca.org www.apwca.org

Diversity of Membership

Synergy in Purpose

Application for Wound Center Internet Listing

The internet listing is open to any center that provides, as a significant part of its activity, wound care services. These centers must meet or exceed the Criteria for Wound Care Centers of the American Professional Wound Care Association (APWCA). The web listing is maintained by the APWCA for the convenience of its members and website visitors. All Centers are evaluated by questionnaire and must attest annually as to whether the minimum criteria set forth in paragraphs A through F below, are met.

APWCA Criteria for Wound Care Centers

- A. The wound care team must consist of or have immediate referral capability to the following fields of specialty or have access to: an infectious disease specialist, plastic surgeon, podiatrist, vascular surgeon, endocrinologist/diabetologist, orthopedic surgeon, nephrologist, and cardiologist and a wound care nurse.
- B. The wound care team must have or have access to a certified diabetic educator, dietician or nutritionist, pedorthist and /or orthotist, physical therapist
- C. Access to the following services and methods of treatment:
 1. sterile instruments, gloves and drapes
 2. laboratory for cultures, serology, and pathology
 3. imaging center
 4. vascular laboratory that can at a minimum attain ABIs (Ankle Brachial Indices) and digital toe pressures
 5. on site of hospital or have access to hospital for urgent admission
 6. access to photo-documentation of wounds
 7. Quality assurance with methods for tracing outcomes as a means to future treatment enhancement. Best method would include a mechanism for a minimum of quarterly grand rounds for review of cases.
- D. At least two members of the center's staff must be Fellows and/or Diplomates of the APWCA, indicating that these APWCA members are Board Certified in their chosen field.
 1. As per APWCA policy requirements for Active Status, these members of the Wound Healing Center and of APWCA must therefore attain a minimum a 21 hours of Medical Education in wound care every three years in courses approved by APWCA. They also receive wound care information regularly. This requirement assists in keeping staff members current in their wound care knowledge base as the medical science is one of constant change and updating.

E. The wound care team must have at least one wound care nurse who is a member of the APWCA. It is preferable that the nurse also be certified (i.e. WOCN) and a "Diplomate" of the APWCA, but an "Associate" (not certified in wound care) nurse member also fulfills this requirement.

1. As per APWCA policy requirements for Active Status, the wound care nurse of the Wound Healing Center must therefore attain a minimum a 21 hours of Medical Education in wound care every three years in courses approved by APWCA. As a member he/she will also receive wound care information regularly. This requirement assists in keeping staff members current in their wound care knowledge base as the medical science is one of constant change and updating.

F. All centers are reviewed annually by written questionnaire and must annually attest their continuing compliance with the criteria required by the APWCA. This "assessment" is provided by questionnaire and signed attestation and not by any inspection process. The criteria are periodically reviewed by APWCA, at least once yearly, and subject to change.

SECTION I: INFORMATION ABOUT YOUR CENTER

Name of center:

Mailing address:

City:

State:

Province, Country (if outside U.S.):

Zip/Postal Code:

Business Phone:

Fax:

e-mail address:

Show my e-mail address online Do NOT show my e-mail address online

Center's Website: <http://>

Date Center was founded: _____ Is it incorporated?

Total Number of Wound Care Specialists in the Center:

SECTION II: INFORMATION ABOUT PRINCIPAL

1. Principal/Owner (Please list only one person/ corporation/ hospital/ governmental agency or holding company).
 - a. Name:
 - b. Address:
 - c. Contact Person:
 - d. Address:
 - e. Phone Number:

2. Medical Director: (Please list only one person)
 - a. Name
 - b. Years of experience in the field:
 - c. Education, degrees, certifications:
 - d. Primary areas of expertise:
 - e. Other related associations he/she belong to:

3. How did this center hear about APWCA Listing of Wound care centers?

Criteria Attestation Section:

A: Name of the wound care nurse who is a member of the APWCA:

B: Name of other staff members who are members of the APWCA (if your wound care nurse is Board Certified and, therefore a diplomate of APWCA, only one additional name is required to be incorporated in this website directory. If the wound care nurse listed is not Board Certified and, therefore an associate member of the APWCA, two additional staff members are required for your center to be listed on the APWCA directory.

1. Name:
 Degree:
 Specialty:
2. Name:
 Degree:
 Specialty:

Additional APWCA members:

1. Name
 Degree
 Specialty
2. Name
 Degree
 Specialty
3. Name
 Degree
 Specialty

C: Access to the following services and methods of treatment:

- 1. Sterile instruments, gloves and drapes. [] Yes [] No
- 2. Laboratory for cultures, serology, & pathology imaging center [] Yes [] No
- 3. Vascular laboratory that can at a minimal attain ABIs (Ankle Brachial Indices) digital toe pressures. [] Yes [] No
- 4. On site of hospital or have access to hospital for urgent admission? [] Yes [] No
- 5. Access to photo-documentation of wounds? [] Yes [] No
- 6. Quality assurance with methods for tracing outcomes retrospectively for future treatment enhancement? [] Yes [] No
- 7. At least quarterly grand rounds for review of cases? [] Yes [] No

My signature below indicates that I have personal knowledge of all of the information submitted with this application and that all of the information is true and accurate to the best of my knowledge. By providing this information to the American Professional Wound Care Association, I also acknowledge that I have the authority to sign this statement as a representative of our Wound Center.

I understand the information contained herein will be posted in a directory on the APWCA web site for the purpose of APWCA members and prospective patients and /or care givers, to have a site with a centralized list of such centers. The Directory may also be printed in the same format in a hard copy directory should APWCA decide to do so at a later date. The site will be open to the public at large to serve as one of many resources available for patients to gain access to care. I further understand that is a service with no assurance nor guarantees as to outcomes and that the APWCA assumes absolutely no responsibility for the care provided by our center and that our center holds harmless the APWCA for any legal action against the APWCA for the care that this center provides and for providing this directory as a public service. Aside from this simple questionnaire, APWCA has no other information available to it and will provide only that data listed herein and no other information, to those using the directory. Furthermore, this center has the right to withdraw from the APWCA directory at any time should our center decide it is in our best interest to do so and understands that this can be accomplished by written request to the APWCA. With this understanding, I serve as a duly authorized representative of the (name of center, please print clearly

SIGNATURE _____ DATE _____.

Printed Name: _____.

Title or position in Wound Center _____.

Forward Completed Application to: APWCA, 853 Second Street Pike, Suite # A-1, Richboro, PA 18954

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