

Retirement Status Application Form

Retirement Status

Continue to use your hard earned Certified Wound Care Associate®, Certified Wound Specialist® or Certified Wound Specialist Physician® certification as a retired Diplomate or Associate of the ABWM.

Candidates approved for retirement status will be granted one of the following credentials:

- Certified Wound Care Associate – Retired **or** CWCA – Ret.
- Certified Wound Specialist – Retired **or** CWS – Ret.
- Certified Wound Specialist Physician – Retired **or** CWSP – Ret.

APPLICANT INFORMATION	
Please Print Clearly	
First Name	
Middle Name	
Last Name	
Credentials	
Address	
City/State/Zip	
Country	
Home Phone	Cell Phone
Email	
<input type="checkbox"/> Send me an ABWM Retirement Certificate	

RETIREMENT STATUS FEE	
Retirement Status - Annual Fee	\$75.00

Retirement Status Qualifications:	
1. Candidate must be clinically inactive	
2. Candidate must submit a notarized letter stating they are clinically inactive	
3. Continuing Education requirement is waived	
4. Annual Fee of \$75.00	
By signing below, I affirm that I meet the qualifications for Retirement Status as listed above.	
Signature	Date

PAYMENT METHOD	
Please make check payable to ABWM in the amount of \$75.00 .	
If paying by credit card please complete the following information:	
Please charge \$75.00 to my:	<input type="checkbox"/> AE <input type="checkbox"/> MC <input type="checkbox"/> VISA
Cardholder Name	
Credit Card Account #	Expiration Date
Billing Address	
City/State/Zip	Country
Signature	Date
<input type="checkbox"/> Included with payment is my notarized letter indicating that I am clinically inactive	

Send this form to: