



CLINICAL SKILLS CHECKLIST VERIFICATION FORM

Please use this form to document your clinical skills have been completed.

Instructions

- Complete this form, documenting you have completed each clinical skill with a supervisor.
- Clinical supervisor must sign the bottom portion of this form for "Supervisor".
- Exam applicants must sign the attestation statement.
- Return completed form to Meazure Learning at the address listed below.
- All materials must be returned to Meazure Learning within 90 days of the date of your online exam application submission.

CANDIDATE SECTION

CLINICAL SKILLS CHECKLIST (REPORTED BY CANDIDATE)

Candidate Name:		Candidate Email:	
Facility where clinical skills completed:			
Start Date:		End Date (Or today's date):	
Supervisor Name:		Supervisor Telephone:	
Supervisor's Credentials / Title:			
Address:			
City:	State:	Zip Code:	Country:
Clinical Skills Checklist – please check each skill has been completed			
<input type="checkbox"/> Monofilament testing			
<input type="checkbox"/> Ankle-brachial index (ABI)			
<input type="checkbox"/> Compression wrap			
<input type="checkbox"/> Negative pressure wound therapy			

Attestation:

I authorize investigation of clinical skills listed above and as verified below by supervisor and to provide Meazure Learning, on behalf of WOCNCB, any and all information concerning my current and/or previous experience.

Signature of Candidate

Date

END OF CANDIDATE SECTION

CLINICAL SUPERVISOR SECTION

The above individual has applied to become a wound care WTA-C professional. WOCNCB is verifying the clinical skills were in the field of patient wound care. Please verify below:

_____ YES, the above clinical skills are accurate.

Signature/Title

Date

Return completed form to:

Online: assessments.meazurelearning.com/connect/WOCNCB-WTA

Mail: Meazure Learning, PO Box 570, Morrisville, NC 27560-0570