

# APWCA

## American Professional Wound Care Association

A Professional Association for Wound Care and the Related Sciences

853 Second Street Pike, Suite #A-1

Richboro, Pennsylvania 18954

Phone: 215-364-4100 Fax: 215-364-1146 E-mail: [wounds@apwca.org](mailto:wounds@apwca.org) [www.apwca.org](http://www.apwca.org)

Thank you for your interest in joining the APWCA. The Board of Directors believes you will find APWCA a worthwhile and refreshing Association to join and become active to the extent that your interest and schedule determines. Your membership in this dynamic, interactive Association is appreciated. Below are some guidelines to assist you in the application process. Should you have any additional questions, please do not hesitate to contact APWCA headquarters by phone or E-mail. Attached is an application that requires completion. Please note the following:

### 1. PLEASE COMPLETE THE APPLICATION AS FOLLOWS for Member in Industry:

- a. **Please type or print neatly and legibly**
- b. **E-mail:** 95% of all communication is accomplished by E-mail. If you do not have E-mail personally, but know of an individual, such as a family member that has access to same, see if you can use that address and they can print out information and forward it to you as other members have done. E-mail access is NOT REQUIRED for membership but it is encouraged. Not having E-mail precludes the ability to attain APWCA monthly updates and the Wound News Service that is available to our Association members only through E-mail. You will otherwise receive the APWCA “Synergy” Newsletter twice yearly and occasional other mailed information
- c. International Members in Industry are requested to submit membership fee by charge card and converted to US dollars using VISA, Master Card or American Express.
- d. Enclose remittance made payable to “APWCA” in the amount of \$250.00 for dues.
- e. If charging the membership fee, attach charge information to include name exactly as it appears on the charge card, charge card number, expiration date, type of card as American Express, Visa, Master Card (APWCA participates with these three cards.) This information may be mailed in with application, faxed to the office or handled over the telephone. Do NOT E-Mail charging information as the APWCA site is not secured.
- f. Sign and date the application

#### **OPTIONAL – NOT REQUIRED for Members in Industry**

**Members-in-Industry that have a degree in a medical discipline have the option of choosing any of the following membership categories that are “highlighted in blue” for which he/she qualifies. Any questions? Call APWCA.**

**Fellow** – any physician, as per CMS guidelines (MD, DO, DPM) that is *board certified* in their chosen specialty or in wound care and maintains a minimum of 21 hours of CME in wound care every three years. Members with a PhD involved in research or education and not clinically active, are not required to attain the CME policy described herein, but are also classified as Fellows.

**Diplomate** - any non physician (i.e.; NP, RN, PT, PT, etc) *board certified* in their chosen specialty or in wound care. Diplomates are required to attain at least 21 hours of CME/CE in wound care every three years

**Associate** – a member in any medical discipline that is *not board certified* but attains a minimum of 21 hours in wound care every three years.

**Member-in-Industry** – Any individual representing a company or business involved in any aspect of wound care (e.g.: services, supplies, research) and who chooses to support the mission, goals and objectives of the APWCA and attain the related educational benefits

Membership in the APWCA and the related credential can be referenced as follows in any and all printed material

#### A. Using acronym with name and degree:

Name, degree, FAPWCA (for Fellow members)  
Name, degree, DAPWCA (for Diplomate members)  
Name, degree, AAPWCA (for Associate members)  
No acronym for Member-in-Industry

#### B. Members may also spell out the credential as follows:

Fellow, American Professional Wound Care Association  
Diplomate, American Professional Wound Care Association  
Associate, American Professional Wound Care Association  
Member-in-Industry, American Professional Wound Care Association

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### APPLICATION FOR APWCA MEMBER-IN-INDUSTRY

**Please Type or Print Clearly** Please answer all sections and simply write N/A where not applicable

**NAME, (Including Degree):** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY :** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP CODE** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX** \_\_\_\_\_

**E-MAIL (TYPE OR CLEARLY PRINT):** \_\_\_\_\_

**DATE OF BIRTH :** \_\_\_\_\_ Note If you have access to E-Mail address through yourself or other  
please provide address as most communication is via E-Mail

**MEDICAL or PROFESSIONAL SCHOOL:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY :** \_\_\_\_\_

**STATE, ZIP CODE :** \_\_\_\_\_

**DATE OF GRADUATION:** \_\_\_\_\_

**STATE LICENSURE:** STATE \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

STATE LICENSURE NUMBER: \_\_\_\_\_

### **OPTIONAL SECTION, NOT NEEDED FOR MEMBER-IN-INDUSTRY**

NOTE: As a Member-in-Industry you may also choose to have one of the following credentials if you qualify

**CIRCLE CATEGORY IF APPLICABLE**      Not Board Certified      Board Certified

Physicians:  
MD, DO, DPM

**ASSOCIATE**  
Not Board Certified

**FELLOW**  
Board Certified in specialty or wound care

All other Medical Professionals:

**ASSOCIATE**  
Not Board Certified

**DIPLOMATE**  
Board Certified in specialty or in wound care

See instruction sheet (front page) for categories above, see web site or contact office if any questions

**SEE OTHER SIDE**

*Please answer all sections and simply write N/A where not applicable*

QUALIFYING BOARD NAME: \_\_\_\_\_  
\_\_\_\_\_  
CIRCLE: CERTIFIED OR QUALIFIED: \_\_\_\_\_  
EXPIRATION DATE FOR CERTIFIED OR QUALIFIED BOARD STATUS: \_\_\_\_\_  
BOARD CERTIFICATION, CERTIFICATE NUMBER: \_\_\_\_\_

COMPANY YOU REPRESENT:

Company Name: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_ Phone: \_\_\_\_\_

INFORMATION FOR WEB SITE LISTING, information for members, etc.  
PRINT THIS INFORMATION EXACTLY IN THE MANNER YOU PREFER IT APPEAR on web site,  
etc.  
Name: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Ten word or less description of products or services: \_\_\_\_\_  
\_\_\_\_\_  
Phone Number and name of contact person if other then yourself: \_\_\_\_\_  
E-Mail Address or Web site: \_\_\_\_\_

1. **Submit \$150.00 payable to the "APWCA", to cover annual dues.** Forward or fax to office, front of this page.
2. **International members are requested to submit membership fee by charge card using VISA, Master Card or American Express. Please submit in conversion to US dollars. See instructions, page 1, paragraph, section "e" of this application** for the information needed to process your charge card fee submission.

My signature below indicates that I am aware of all of the information submitted with this application and that all of the information is true and without false representation. I request membership in the American Professional Wound Care Association to support its mission, goals and objectives and to participate in multidisciplinary education to enhance my knowledge in the treatment of these complex wounds.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**SEE OTHER SIDE**