



Foot and Nail Care Examination Application

To apply for a WOCNCB® Foot and Nail Care Examination, please return the completed application with all appropriate fees and documentation to: WOCNCB® Foot and Nail Care Examination, Applied Measurement Professionals, Inc. (AMP), 18000 W. 105th Street, Olathe, KS 66061-7543 USA.

All sections of this application must be completed. Within approximately four weeks of receiving your application, AMP will forward either a confirmation notice or a letter explaining why the application is incomplete.

Section 1: Personal Information *(please print using black or blue ink)*

Name: _____

Date of Birth: _____

E-mail: _____

Phone #: Work _____ Home _____

Mailing Address: (street, apt #, city, state, zip code, country)

Education: *(Check Highest)* Diploma Associate BA BS BSN MSN PhD

Practice Setting: *(Check All That Apply)*

Acute Homecare Outpatient Extended Education Administration Research

Years in Nursing: _____

Section 2: Examination Information

Indicate Quarterly
Examination Cycle Desired Postmark Deadline

- | | |
|--|-------------|
| <input type="checkbox"/> January 1 – March 31 | November 15 |
| <input type="checkbox"/> April 1 – June 30 | February 15 |
| <input type="checkbox"/> July 1 – September 30 | May 15 |
| <input type="checkbox"/> October 1 – December 23 | August 15 |

Examination Fee – \$300

Make check or money order payable to AMP or pay by credit card.

See page 2 for late application fees.

If payment is by credit card, complete the following:

VISA MasterCard American Express Discover

Card # _____ Exp. Date _____

Your name as appears on card _____

Signature _____

Section 3: Eligibility

Initial certification or recertification of lapsed credentials:

- I am currently licensed as a Registered Nurse. (A copy of your current license must be enclosed.)

AND – choose ONE of the following to document your eligibility:

- I am a graduate of a formal foot and nail education program. (A copy of your certificate of completion/graduation must be enclosed.)
Program Code: _____ refer to page 4.
- I have 5 contact hours and 8 clinical experience hours over the last five years directly related to foot and nail care. (Copies of certificates of completion of contact hours must be enclosed.)

Effective December 22, 2010 if your credentials are lapsed, you must use the Experiential Pathway.

Recertification of valid (non-lapsed) credentials:

- I am currently licensed as a Registered Nurse. (A copy of your current license must be enclosed. No other documentation is required.)

Section 4: Special ADA Accommodation Request

- Yes (Completed forms on pages 11 and 12 must be enclosed.)

