



KALEIDOSCOPE
Clinical Consulting

*Wound Certified Sales Professional -
(WCSP)
2016 Candidate Handbook*



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Introduction

ABOUT THE ORGANIZATION

Kaleidoscope Clinical Consulting was created with our candidates in mind. As sales and healthcare professionals ourselves, we are aware of the importance and need for specialty certifications. We will continue to provide certifications for innovative and quality courses that will grow candidates personally and professionally.

PURPOSE

The purpose of the Wound Certified Sales Professional (WCSP) certification is to distinguish passing candidates amongst others in similar professional fields. By passing the WCSP exam through Kaleidoscope Clinical Consulting, the candidate will be demonstrating their comprehension of the best products for skin management and wound prevention.

NONDISCRIMINATORY POLICY

Kaleidoscope Clinical Consulting does not discriminate against any candidate based on any non-merit factor, including race, national origin, color, religion, gender, disability, marital status, sexual orientation, or age. Each candidate is treated according to the policies and rules outlined in this candidate handbook.

CODE OF PROFESSIONAL CONDUCT

All sales professionals that become certified with Kaleidoscope Clinical Consulting Group have a duty to maintain the highest standards of professional and ethical conduct in all business relationships. Sales professionals will support and promote the principles of consumer choice and recognize that the consumer has a right to safe and effective products at a fair price.

CONTENT DISCLAIMER

Through this candidate handbook, Kaleidoscope Clinical Consulting has outlined terms and conditions that apply to the eligibility, registration, examination, and certification of the WCSP. Fees are subject to change and it is the candidate's responsibility to use the most updated version of the WCSP candidate handbook when referencing policies, procedures, and fees.

Certification Information

ELIGIBILITY INFORMATION

Any individual who meets all of the described eligibility requirements set forth by Kaleidoscope Clinical Consulting may take the exam. For any candidate to be eligible to become a Wound Certified Sales Professional (WCSP) he/she must meet each of the following criteria and provide any related documentation:

- Submit a complete and accurate WCSP exam application. The application can be found on pages 14-15 of this handbook.
- Previous or current employment in a sales position within the wound care industry.
- Pay in full all fees associated with the exam (pg. 6)
- Successfully complete the approved education course "*Wound Management for Sales Professionals*" which is offered by Kaleidoscope Clinical Consulting.
- Sign the "Candidate Handbook Terms and Conditions Agreement" – pg. 15
- Complete the Special Accommodations Request Form (if needed) – pg. 16
- Take the WCSP certification exam after completing the "*Wound Management for Sales Professionals*" course and pass the exam with a score of 80% or higher.

APPLICATION PROCESS AND REQUIRED DOCUMENTATION

Candidates who desire to sit for the WCSP exam must complete and submit the paper application forms to Kaleidoscope Clinical Consulting prior to the examination. The application forms can be found on pages 14-15 of this handbook. Kaleidoscope Clinical Consulting does retain the right to request additional documentation if deemed necessary. The candidate must also sign the Kaleidoscope Clinical Consulting *Candidate Terms and Conditions Agreement* Form.

Examination Information

EXAM DESCRIPTION

The WCSP exam consists of a proctored, paper test with 100 multiple-choice questions. Each test question will have four (4) multiple choice answer selections. Each question will only have one correct answer. This examination is offered in the English language only at this time.

A maximum of two hours (120 minutes) will be allotted to each exam participant, unless special accommodations have been arranged prior to the exam. If an individual requires special accommodations, please contact Kaleidoscope Clinical Consulting in advance.

The exam will cover the following subject areas:

- *Anatomy and Physiology*
- *Wound Healing*
- *Ethics*
- *Skin Conditions*
- *Assessment*
- *Pressure Ulcers*
- *Industry Overview*
- *Call Points*
- *Unusual Wounds*
- *Wound Bed Preparation*
- *Treatments*
- *Nutrition*
- *Other Treatment Modalities*
- *Regulatory*

EXAM ADMINISTRATION



Kaleidoscope Clinical Consulting will offer paper exams in conjunction with the on-location teaching of the “*Wound Management for Sales Professionals*” education course offered by Kaleidoscope Clinical Consulting. A candidate who chooses to attend an on-location course will be given the option to take a paper exam at the end of the on-location course. Attending a course in person does not require a candidate to take the paper exam. Candidates will have two hours (120 minutes) to complete the paper exam. The paper exam will be proctored by a Kaleidoscope

Clinical Consulting representative, and then sent off immediately for scoring. Exam proctors are not allowed to discuss the exam with candidates.

EXAM CONTENT

Main Content Area and Exam Percentage

- *Anatomy and Physiology- 15%*
- *Wound Healing- 20%*
- *Ethics- 5%*
- *Skin Conditions- 5%*
- *Assessment- 18%*
- *Pressure Ulcers- 10%*
- *Treatments- 12%*
- *Nutrition- 5%*
- *Other Treatment Modalities- 5%*
- *Regulatory-5%*

FEES AND PAYMENT

Required Registration Fees:

- Kaleidoscope Clinical Consulting Application Fee: \$75.00*
- Proctored Examination Fee: \$400.00
- Total Due upon Registration: \$475.00

*This fee is NON-REFUNDABLE

Additional Fees If Applicable

- Candidate reschedule/cancellation fee with required minimum five day notice: \$25.00**
- Candidate reschedule/cancellation fee without required notice: Forfeit all fees
- No show fee: Forfeit all fees
- Duplicate certificate printing: \$25.00/print

REFUND POLICY

In all cases, the Kaleidoscope Clinical Consulting Exam Application and Recertification Application fees are **Non-Refundable**. Exam fees are 100% refundable if one (1) of the following conditions are met:

1. An exam test date has not been scheduled by Kaleidoscope Clinical Consulting.

2. An exam test date has been scheduled, but written notice requesting cancellation of the exam and a refund is received by Kaleidoscope Clinical Consulting at least fifteen (15) days prior to the exam test date.



If a written request for refund is made less than fifteen (15) days before the scheduled exam date, but at least five (5) days before the scheduled exam date, a refund of the exam fee will be made, minus a \$75.00 administrative fee.

Exam fees become **Non-Refundable** once the candidate has taken the exam.

In the event that a candidate fails to appear at the designated testing location on their scheduled date and time, or is unable to sit for the examination due to their failure to adhere to established protocols, the candidate will forfeit all fees paid to Kaleidoscope Clinical Consulting and will not be eligible for any refunds. Candidates will be required to re-apply with Kaleidoscope Clinical Consulting and pay all fees (including the application fee) again prior to sitting for the exam at a later date and time.

Fees for duplicate/replacement certificates are **Non-Refundable**.

INELIGIBLE CANDIDATES

Candidates will be ineligible to take the WCSP exam if any of the following is true:

1. Application form and/or payment has not been received in full before the exam with Kaleidoscope Clinical Consulting.
2. A candidate did not complete the “*Wound Management for Sales Professionals*” course.
3. The candidate falsified any information on the application form.
4. The candidate failed to sign the “*Candidate Handbook Terms and Conditions Agreement*.”

If Kaleidoscope Clinical Consulting deems a candidate ineligible to sit for the exam, the examination fee will be

refunded to the candidate. The Kaleidoscope Clinical Consulting application fee is non-refundable even if the candidate is ineligible to sit for the WCSP examination

REGISTRATION

When a group/facility signs up for the “*Wound Management for Sales Professionals*” course, they will be required to submit an exam application for each attendee. Those who are seeking certification will be directed to complete their applications at the time they attend the education course associated with this exam. Notification will be sent to the facility and the candidate where the on-location education course is taking place to inform participants if they are **not** eligible to take the exam.

EXAM DATE

The paper exam will be administered the day after the “*Wound Management for Sales Professionals*” education course at the pre-determined site (typically the same location where the education course was delivered).

Exam Administration

EXAM SCHEDULING PROCEDURES

The paper exam will be administered on a pre-determined date and time following the “*Wound Management for Sales Professionals*” education course at the facility/site where the course was delivered.

REQUEST FOR SPECIAL ACCOMMODATIONS

If you require special accommodations or assistance, you must obtain approval through Kaleidoscope Clinical Consulting at the time you complete the exam application. All requests for test accommodations must be made by completing the Kaleidoscope Clinical Consulting Special Testing Accommodation Form found on page 16. All arrangements must be made through Kaleidoscope Clinical Consulting. Please contact Michelle Moore of Kaleidoscope Clinical Consulting directly at (909) 435-8372 if you require special testing accommodations.

TEST SITE ADMISSION PROCEDURES

When you arrive at the predetermined site for the paper exam, please arrive with your Driver's License or one of the approved forms of ID listed below. You will be required to sign in on a roster sheet the day of the paper exam.

Approved forms for ID are:

- Current Driver's License
- Current State Issued ID card
- Current Passport
- Current Military Card

TEST CENTER ENVIRONMENT

The test location environment will be dependent on the location at which the "Wound Management for Sales Professionals" education course is delivered. Please be prepared for either warm or cool temperatures at the location in the event you become uncomfortable. Cell phones and pagers will be prohibited during the examination.

TAKING THE EXAM

Please arrive at the predetermined location at least fifteen (15) minutes before your scheduled examination time. **If you arrive more than thirty (30) minutes after the scheduled testing time, you will not be admitted or allowed to take the exam.**

Conduct by a candidate that results in violation of security or disrupts the administration of the examination could result in a candidate's dismissal from the testing location. Dismissal on the grounds of inappropriate or disruptive behavior will result in a candidate's examination being considered void and will not be scored. In addition, the candidate will forfeit all application and testing fees to Kaleidoscope Clinical Consulting.

EXAMINATION DISCLOSURE

The WCSP examination is the property of Kaleidoscope Clinical Consulting and is protected by contract and copyright laws and is therefore confidential. All WCSP questions are property of Kaleidoscope Clinical Consulting and therefore should not be distributed in any fashion without Kaleidoscope Clinical Consulting's expressed consent. Before a candidate sits to take the

WCSP examination, he or she must agree that they will not copy, reproduce, adapt, disclose, or transmit exam questions, in whole or in part. Failure to accept these terms will result in a terminated exam. The candidate will forfeit the entire examination cost and any additional fees paid prior to the examination date. It is important that candidates agree not to reconstruct the examination from memory and share such content with others. It is a violation of copyright laws, and thus illegal, to share any information whatsoever about any WCSP examination question. In particular, sharing information about any WCSP examination question recalled from memory or asking someone who has taken the WCSP exam to share such information is illegal. It is also unethical to share or to solicit someone else to share information about examination questions. Kaleidoscope Clinical Consulting reserves the right to decertify and/or bar from examinations any individuals who republish or distribute our copyrighted certification exam materials.

EXAM LENGTH

The examination is offered in English only and consists of 100 multiple choice questions. Each candidate will have two hours (120 minutes) to complete the exam at a designated testing location.

FAILURE TO REPORT FOR EXAM ON SCHEDULED DATE AND TIME

If a candidate fails to appear at the testing location on their scheduled date and time, or is unable to sit for the examination due to their failure to adhere to established protocols, the candidate will forfeit both the application and examination fees to Kaleidoscope Clinical Consulting. Candidates will be required to re-apply with Kaleidoscope Clinical Consulting and pay all fees again prior to sitting for the exam at a later date and time.

RESCHEDULING AND CANCELLING A SCHEDULED EXAM

Without an approved excuse based on a candidate medical emergency, death of an immediate family member, or candidate active military orders, if a candidate cancels or reschedules a scheduled examination less than five (5) calendar days prior to the scheduled examination or comes to the testing center without proper ID and is unable to take the scheduled examination, **the candidate will forfeit the full applicable testing fee.**

Rescheduling the exam will be based on future education course dates and is subject to change. Please contact Kaleidoscope Clinical Consulting at (909) 435-7372 to discuss rescheduling options.

Post-Examination

SCORING

Once the candidate has completed the exam, he/she can expect to receive a letter or email with their test results within 14 business days. Exam proctors do not have score information and are not able to discuss the exam with candidates.

CONFIDENTIALITY

Candidate information is highly confidential, and the proctors at any examination locations are not permitted to discuss candidate scores, performances, or any other related information.

In addition, Kaleidoscope Clinical Consulting will not share a candidate's personal score or performance measures with any individual besides the candidate. Kaleidoscope Clinical Consulting does reserve the right to respond to requests to verify certification status. Certification verification will only include the candidate's name (as noted on the WCSP certificate), and the dates that the certification is valid from. If a candidate's certification is not valid, that information will be noted. No scores, number of exam attempts, or other exam performance measure will be disclosed in response to a certification verification inquiry.

PASSING THE EXAM

Passing candidates will receive a letter by mail from Kaleidoscope Clinical Consulting that contains information about their successful completion of the exam as well as the official WCSP certificate with certification number.

You ARE NOT authorized to use the WCSP certification mark until you have received this official written notice and certificate from Kaleidoscope Clinical Consulting.

FAILING THE EXAM & RE-TESTING

Candidates who fail the WCSP exam will be notified via mail that their examination score was below the required 80% passing score.

If a candidate fails the WCSP exam, he/she is able to sit for the exam one additional time. **NOTE: Re-testing of a candidate is only done through electronic examinations. No re-testing will be done in the paper exam format.** The candidate must wait thirty (30) days after the date of the failed exam to retake the exam for the second time. The candidate must resubmit to Kaleidoscope Clinical Consulting another application and the full exam fee prior to their second attempt at the WCSP exam. The application fee for the candidate's second attempt at the exam will be waived as long as the second attempt is taken within ninety (90) days of the first attempt. If it has been longer than ninety (90) days since the first failed attempt, the candidate will be required to submit a new application fee in addition to the exam fee.

If more than nine (9) months passes between the first failed attempt and the second attempt, the candidate will be required to retake the education course, "*Wound Management for Sales Professionals*," before being allowed to retake the exam. Kaleidoscope Clinical Consulting will offer a discounted "refresher" course for students who have attempted the exam twice and failed both times. If a candidate fails the WCSP exam for the second time, the candidate must wait six (6) months to reapply with Kaleidoscope Clinical Consulting and must also retake the "*Wound Management for Sales Professionals*" education course before he/she will be able to sit for the exam again.

USE OF THE CERTIFICATION MARK

The successful candidate may use the WCSP credential behind their name only after **written authorization** from Kaleidoscope Clinical Consulting has been received.

DISCLAIMER OF LIABILITY

The "Wound Certified Sales Professional – Animal Health" status is an indicator that a professional has completed a combination of defined education, experience, and examination requirements. However, certification is not a guarantee or assurance of the competence or ability of any particular individual.

Kaleidoscope Clinical Consulting disclaims liability for any personal injury, or other damages of any nature whatsoever, whether special, indirect, consequential or compensatory, directly or indirectly resulting from the certification program or the acts or omissions of any person who has been certified by Kaleidoscope Clinical Consulting.

This disclaimer of liability applies to any damages or injury, including but not limited to those caused by any failure of performance, error, omission, interruption, deletion, defect, alteration of, or use of materials, whether for breach of contract, tortious behavior, negligence, or under any other cause of action.

DUPLICATE AND REPLACEMENT CERTIFICATES

At the request of the candidate, a duplicate and/or replacement WCSP certificate can be issued for a fee of \$25.00 for each additional certificate requested. Requests must be made either in writing or sent via email:

Kaleidoscope Clinical Consulting
ATTN: Karen Johnson
458 E. Highland Ave
Redlands, CA 92373
Phone#: (877) 29WOUND
k.johnson.kcc@gmail.com

NAME AND ADDRESS CHANGES

Kaleidoscope Clinical Consulting will send email and mailing notifications to a candidate when their recertification time period is drawing near. In the event of a name or address change, it is the candidate's responsibility to contact Kaleidoscope Clinical Consulting directly with updates at:

Kaleidoscope Clinical Consulting
ATTN: Drew Griffin
458 E. Highland Ave
Redlands, CA 92373
Phone #: (877) 29WOUND
k.johnson.kcc@gmail.com

OVERVIEW

The WCSP certification requires recertification every five (5) years. The process of recertification can be completed by one of the following two options:

Option 1:

Complete the Recertification application, submit proof that you took the renewal version of the “*Wound Management for Sales Professionals*” course, and pay in full the Kaleidoscope Clinical Consulting Recertification application fee. This renewal option will not require taking another exam.

Option 2:

Complete the Recertification application, take a proctored WCSP recertification exam, and pay in full the Kaleidoscope Clinical Consulting recertification application fee and recertification examination fee in full. This renewal option will not require taking an education course again.

RECERTIFICATION REQUIREMENTS

All WCSP professionals are eligible for recertification six (6) months prior to their certifications' expiration date. Kaleidoscope Clinical Consulting will contact you six (6) months prior to your certification's expiration, so it is important that all contact information with the company remains up-to-date at all times. Please see page 11 of this Candidate Handbook if you need to notify Kaleidoscope Clinical Consulting of a change in your contact information.

Recertification will require a completed application and all fees associated with the recertification process must be paid in full.

LAPSED STATUS

If an individual does not re-certify their WCSP credential on or before the expiration date, the certification will go into lapsed status. A lapsed status of the WCSP certification will require the candidate to retake the “*Wound Management for Sales Professionals*” course again and reapply with Kaleidoscope Clinical Consulting to sit for the WCSP examination. The candidate will also be required to submit a new application with required documentation, and pay the regular (not Recertification) fees in full.

Recertification

RECERTIFICATION AND LAPSED STATUS FEES

Kaleidoscope Clinical Consulting Recertification

- *Application Fee: \$75.00**
- *Proctored Recertification Examination Fee: \$300.00*
- *Lapsed Status Fee: \$75.00*

*This Fee is Non-Refundable

REVOCATION OF CERTIFICATION

Kaleidoscope Clinical Consulting maintains the right to revoke any individuals WCSP certification if:

1. The individual fails to meet the certification and recertification criteria.
2. Restrictions, such as revocation, suspension, probation, and other sanctions are placed any of the individual's professional licenses.
3. The individual fails to pay all required fees.
4. The individual falsifies any information on the WCSP applications and/or supporting documentation.
5. The individual is found to be guilty of cheating on the WCSP examination or sharing test examination content with others.
6. The individual misrepresents their WCSP certification status.

A candidate who has their certification revoked due to reasons 2, 4, 5 or 6 noted above, will be permanently revoked, with no chance of future certification/recertification.

Contact Us

CONTACT INFORMATION

Kaleidoscope Clinical Consulting
ATTN: Karen Johnson
458 E. Highland Ave
Redlands, CA 92373
Phone #: (877) 29WOUND
k.johnson.kcc@gmail.com

Appendix A – Application Forms

Instructions for Completing the WCSP Application

Please print all information and use blue or black ink if you are completing the application by hand. Read instructions carefully.

SECTION: CERTIFICATION:

- Please indicate if you are applying for initial certification or recertification by checking the appropriate box.
- If you have applied before but did not obtain certification enter the date that you applied and the state where you took the exam.
- If you are applying for Recertification enter your WCSP certification number.

SECTION: CANDIDATE INFORMATION

- Full Name – Last: Print your last name on the line provided.
 - If you use more than one last name, write it just as you want it used.
- First: Print your first name on the line provided. Do not use nicknames or initials.
- Middle: Print your middle name or middle initial on the line provided.
- Maiden: Enter your maiden name if applicable.
- Street: Fill in street address including any apartment or unit numbers.
- City: Fill in name of city in mailing address.
- State: Fill in name of state of mailing address.
- Zip: Fill in zip code or postal code. Use nine-digit zip code if possible.
- Telephone Number: Fill in your primary phone number. Include area code
- Email address: Enter your primary email address.

Your name will appear on your certificate as presented on your application - not including your maiden name.

This is the address to which Kaleidoscope Clinical Consulting will send any correspondence including certification renewal information. BE SURE IT IS COMPLETE AND ACCURATE.

SECTION: EMPLOYER INFORMATION*

- Employer Name: Fill in your employer's name
- Current Title/Position Held - Enter the current position you hold.
- Street: Fill in street address including any apartment or unit numbers of your employer.
- City: Fill in name of city of your employer.
- State: Fill in name of state of your employer.
- Zip: Fill in zip code of your employer.
- Telephone Number Fax Number: Fill in phone number and fax number. Include area codes.
- Supervisor: Enter your supervisor's name and phone number including the area code.

** If you are not currently working enter information from your most previous employer.*

Appendix A – Application Forms-Page 2

SECTION: PAYMENTS

- Indicate if you are paying with check or which credit care you are using by checking the appropriate box.
- Card Number: Enter the number that appears on the card
- Expiration Date: Please enter the date of expiration in a mm/yy format
- Security Code: Enter the security code from your credit card.
- Payer Name: Enter your name as it appears on the front of the card
- Payer Address: Enter the billing address that is associated with the card, including the state and zip code.
Payment by check: Applications will not be processed until the check is received and has cleared. Send the check to:

Kaleidoscope Clinical Consulting

ATTN: Karen Johson

458 E. Highland Ave

Redlands, CA 92373

Phone #: (877) 29 WOUND

k.johbnsn.kcc@gmail.com

SECTION: FEES

Complete this section based on your application.

- Enter the appropriate amounts for Initial Certification or Recertification application and testing fees.
- Additional fees for duplicate certificates can be combined with either the Initial Certification or Recertification application and testing fees.
- Total the fees and enter the total amount due.

SECTION: CANDIDATE HANDBOOK TERMS AND CONDITIONS AGREEMENT

- Please sign and date indicating that you have read, understand, and agree to the terms and conditions outlined in the Kaleidoscope Clinical Consulting Candidate Handbook. Additionally this signature indicates that you understand that fees are subject to change and that it is your responsibility as the candidate to follow the most current Kaleidoscope Clinical Consulting candidate handbook policies and procedures.



WOUND CERTIFIED SALES PROFESSIONAL APPLICATION FORM

Instructions: Please type or print clearly and answer all questions.

OFFICE USE ONLY			
<i>Application and Exam Fee:</i>	<i>Date fees paid (mm/dd/yyyy)</i>	<i>Receipt Number:</i>	
<i>Certification Number:</i>		<i>Date Candidate Completed Education Course (mm/dd/yyyy):</i>	
<i>Recertification Date(s):</i>			<i>Date Certificate was Mailed:</i>

DO NOT WRITE ABOVE THIS LINE

<p><i>Are you applying for the WCSP examination for the first time?</i> <div style="display: flex; justify-content: space-around; width: 80%;"> Yes No </div> <p><i>If No, list the date(s) and state previous exam was taken:</i></p> </p>	<p><i>Are you applying for WCSP recertification?</i> <div style="display: flex; justify-content: space-around; width: 80%;"> Yes No </div> <p><i>If Yes, please give your WCSP certification number:</i></p> </p>
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CANDIDATE INFORMATION					
<i>Last Name:</i>	<i>First Name:</i>	<i>Middle Name:</i>	<i>Maiden Name if applicable:</i>		
<i>Street address:</i>	<i>Apt/Suite #:</i>	<i>City:</i>	<i>State:</i>	<i>ZIP Code:</i>	
<i>Primary telephone number: () </i>		<i>Email address:</i>			

EMPLOYER INFORMATION					
<i>Employer Name:</i>				<i>Current title/position held:</i>	
<i>Employer Street Address:</i>	<i>Suite #:</i>	<i>City:</i>	<i>State:</i>	<i>ZIP Code:</i>	
<i>Employer Telephone: () </i>		<i>Employer Fax: () </i>			
<i>Current Supervisor's Name:</i>			<i>Supervisor's Daytime Phone Number:</i>		
<i>Licenses/Certifications:</i>			<i>State/Expiration Date:</i>		



PAYMENT						
Indicate Method of Payment:		Check	Visa	MasterCard	Discover	American Express
If paying by credit card, please provide the following information:						
Card Number:			Expiration Date (mm/yy):	Security Code:		
Payer's Name: (as it appears on credit card)						
Payer's Address:			City:	Zip Code:		

FEES		
Certification Fees:	Cost:	Payment:
Non-Refundable Kaleidoscope Clinical Consulting Application Fee	\$75.00	
Proctored Examination Fee	\$400.00	
Additional Fees (Optional):		
Duplicate Certificate Printing	\$25.00/print	
Recertification Fees:		
Non-Refundable Kaleidoscope Clinical Consulting Application Fee	\$75.00	
Proctored Recertification Exam	\$300.00	
Total Amount Applicable for Processing: (on check or by credit card or online):		

Candidate Handbook Terms and Conditions Agreement	
<p><i>I have read, understand, and agree to the terms and conditions outlined in the Kaleidoscope Clinical Consulting Candidate Handbook. I understand that fees are subject to change and that it is my responsibility as the candidate to follow the most current Kaleidoscope Clinical Consulting candidate handbook policies and procedures.</i></p>	
Signature:	Date:



WOUND CERTIFIED SALES PROFESSIONAL SPECIAL TESTING ACCOMMODATIONS FORM

Candidates with special testing accommodation results should complete this form.

A special accommodation request must be made by the candidate at the time of application. The information provided and any documentation regarding the disability and the need for accommodation in testing will be treated with strict confidentiality.

CANDIDATE INFORMATION					
Last Name:	First Name:	Middle Name:	Maiden Name if applicable:		
Street address:	Apt/Suite #:	City:	State:	ZIP Code:	
Daytime telephone number: ()	Date of birth (mm/dd/yyyy):	Email address:			

Please describe your disability and need for special testing accommodation:

Accommodation Requested (List specific actions to be taken, if known.)

OFFICE USE ONLY	
Signature of Kaleidoscope Clinical Consulting representative approval:	Date:

Appendix B - Sample Test Questions

1. What is the acid mantle composed of?
 - A. Sebum and Water
 - B. Alkaline and Sebum
 - C. Sebum and Dead Cells
 - D. Sweat and Sebum
2. Which of the following statements correctly describes a Stage II pressure ulcer?
 - A. Partial thickness, serum filled blister
 - B. Intact skin with non-blanchable redness
 - C. Full thickness tissue loss extending into but not through subcutaneous tissue
 - D. Purple, maroon, skin intact, blood filled blister
3. A full thickness wound will go through _____ phases of wound healing.
 - A. 2
 - B. 3
 - C. 4
 - D. 5
4. A wound with large amounts of drainage would benefit most from which type of dressing?
 - A. Hydrogel
 - B. Multiple layers of gauze
 - C. Hydrofiber
 - D. Transparent Film
5. Wound healing can be adversely affected by all of the following except:
 - A. Adequate nutrition
 - B. Age
 - C. Dehydration
 - D. Necrotic Tissue

Sample Test Question Answers

1. D 2. A 3. C 4. C 5. A