



# Certified Foot Care Nurse (CFCN®) Examination Handbook

Foot Care exam



WOCNCB® is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council, and the National Commission for Certifying Agencies

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## INTRODUCTION

Thank you for your interest in the Wound, Ostomy and Continence Nursing Certification Board's (WOCNCB®) certification for foot and nail care (CFCN®), and for choosing the WOCNCB® as your certifying organization.

The foot and nail care examination is computer-based and may be taken at one of the 170 Assessment Centers nationwide. If you are not familiar with computer testing, visit the WOCNCB® website, [www.wocncb.org](http://www.wocncb.org). Look for the **Certification by Exam** section, and take the sample computer examination. Please note that the sample examination allows you to see the correct answer immediately, but this is not the case during the actual certification examination.

## ABOUT THE WOCNCB®

The Wound, Ostomy and Continence Nursing Certification Board was established in 1978 by the International Association of Enterostomal Therapy (IAET), now known as the Wound Ostomy & Continence Nurses Society (WOCN). The WOCNCB® is incorporated as a separate, distinct and financially independent entity from the WOCN. The WOCNCB® is a national, non-governmental, not-for-profit certifying agency organized to grant certification credentials to qualified nurses who are involved in providing care and/or education to individuals with health issues related to wound, ostomy and incontinence. In 2005, the WOCNCB® broadened its scope to include a certification examination for foot and nail care, which issues the CFCN® credential to individuals who pass the examination.

The WOCNCB® is accredited by the National Commission for Certifying Agencies (NCCA). Accreditation by this prestigious organization assures that the WOCNCB® has met the most stringent and rigorous standards in issuing its credentials. By meeting these standards, the WOCNCB® helps to ensure safe and expert practice in the wound, ostomy and continence specialty and for foot and nail care.

The WOCNCB® believes that NCCA accreditation assures that:

- The validity and integrity of credentials issued by the WOCNCB® are unquestionable and of the highest caliber.
- Fair and equitable standards have been met for each certificant who is certifying or recertifying.

The WOCNCB® is proud of the hard-earned NCCA accreditation, and we hope our certificants share our pride.

## STATEMENT OF NONDISCRIMINATION POLICY

The WOCNCB® and its testing agency Applied Measurement Professionals, Inc. (AMP) do not discriminate among certificants on any bases that would violate any applicable laws.

## CERTIFICATION PHILOSOPHY

The WOCNCB® endorses the concept of voluntary, periodic certification. WOCNCB® certification is an indication of an individual's current knowledge in a specialized area of nursing practice. Certification also provides formal recognition of this knowledge.

The objectives of the foot and nail care certification are to promote excellence in this area of nursing by:

1. Formally recognizing those individuals who meet all the requirements of the WOCNCB®.
2. Encouraging continued professional growth in the practice of foot and nail care.
3. Establishing and measuring the level of knowledge required for certification in foot and nail care.
4. Providing a standard of knowledge required for certification, thereby assisting the employer, public and members of health professions in the assessment of foot and nail care practitioners.

## TESTING AGENCY

Applied Measurement Professionals, Inc. (AMP) is the professional testing agency secured by contract to assist the WOCNCB® in the development, administration, scoring and analysis of the certification examination. AMP services also include processing applications and reporting examination results to candidates. AMP is a research and development firm that conducts professional competency assessments and provides services for credentialing programs.

## ABOUT THE EXAMINATION

The WOCNCB® multiple-choice Foot and Nail Care examination was developed by the Foot and Nail Care Examination Committee – a group of certified nurses with expertise in foot and nail care – in collaboration with AMP. The Examination Committee writes and reviews all questions for relevancy, consistency, accuracy and appropriateness.

The 90-minute examination contains a total of 90 questions: 80 scored questions and 10 non-scored "pretest" questions. The questions are not marked in any way to indicate which of the questions are scored or non-scored. Because credentialing examinations must be secure and reflective of current practices, new questions must continuously be developed and introduced into the examinations. Pretesting is an accepted way of doing this. All pretest questions are statistically analyzed and evaluated to determine if they are valid and reliable and can thus be added to future examinations.

You will be scored only on the 80 "true" examination questions and will receive your scores immediately upon completion of the examination. If you pass the examination, you will be awarded the Certified Foot Care Nurse credential (CFCN®), which is valid for a period of five years.

**ELIGIBILITY REQUIREMENTS FOR FOOT AND NAIL CARE CERTIFICATION**

To be eligible for the Foot and Nail Care certification examination, you must have:

1. A current RN license, and either #2 or #3.
2. Completed a formal foot and nail program (i.e., one with a minimum of five didactic hours and three clinical hours with direct foot and nail care). **Effective April 1, 2011, the program must have been completed within the past 5 years.**

or

3. Completion of experiential pathway including five hours CE; and eight hours of clinical practice (under supervision of expert). **Effective April 1, 2011 the CE and clinical practice must occur within the past 5 years.**

The required documentation for the experiential pathway consists of a point log (see page 14), plus verification by a licensed health care provider that you have completed at least three hours of direct foot and nail care (including a demonstration of debridement).

Note: The above eligibility requirements are the minimum you must possess in order to take the examination. Ideally, you should have a level of expertise that is equivalent to approximately 350 hours of clinical experience in foot and nail care, plus 15 hours of continuing education related to foot and nail care.

**APPLICATION PROCESS**

Mail the completed application form with fee and supporting documents to AMP by the postmark deadline for the appropriate testing quarter as listed in the “Quarterly Examination Cycles” section.

Neither the WOCNCB® nor AMP are responsible for lost, misdirected, late or undeliverable mail. We recommend that you send your application by a traceable method. A certified mail receipt or other courier receipt can serve as proof that the application was mailed.

It is YOUR responsibility to ensure that the application and all supporting documents have been properly completed and that the information provided is accurate. Your careful attention will enable prompt and efficient processing. Applications that are incomplete or incorrect will be returned. Applications that are found to contain inaccurate or untruthful responses may be denied.

Confirmation of eligibility notices are sent to candidates within four weeks after receipt of the application. **Confirmation is valid only for the quarterly testing cycle indicated on the application.**

**QUARTERLY EXAMINATION CYCLES**

As mentioned in the “Application Process” section, your application to sit for the examination is only valid during the examination quarter for which you apply.

<u>Quarterly Examination Cycle</u>	<u>Application Postmark Deadline</u>
January 1 – March 31	November 15
April 1 – June 30	February 15
July 1 – September 30	May 15
October 1 – December 23	August 15

**Late Applications:** Late applications will be accepted if postmarked no later than December 15, March 15, June 15 or September 15 for the examination cycles listed in the above chart. **A late fee of \$75 will be applied and must be included with your payment.**

**SCHEDULING AN EXAMINATION**

After receiving your confirmation notice, you may contact AMP at [www.goAMP.com](http://www.goAMP.com) or 888/519-9901 to schedule an appointment for your examination. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday, and 8:30 a.m. to 5:00 p.m. on Saturday.

When scheduling your examination, you will be asked the date, time and Assessment Center location you prefer. Please see the Assessment Centers listed on AMP’s website ([www.goAMP.com](http://www.goAMP.com)) and select the one most convenient for you before you call AMP. You will be assigned a unique identification number. That number will be needed to make changes or to take the examination, so please make a note of it. When you contact AMP to schedule an examination appointment, you will be informed of the time you will need to report to the Assessment Center. You will be sent an admission letter by e-mail before the examination.

<b>If you contact AMP by 3:00 p.m. Central Time on...</b>	<b>Depending on availability, your examination may be scheduled as early as...</b>
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday/Saturday
Thursday	Monday
Friday	Tuesday

**EXAMINATION FEES**

You may pay your application fees by check or money order (payable to AMP) or by credit card. **DO NOT SUBMIT CASH.**

All fees must be submitted with the application by the application postmark deadline. We recommend that you send your application by a traceable method (e.g., Federal Express or certified mail).

Examination Fee: \$300

Returned checks and credit card transactions that are declined will be subject to a \$25 handling fee. Applicants whose checks or credit cards have been declined must send a certified

check or money order for the amount due, including the \$25 handling fee.

### LAPSED CREDENTIALS

Please be aware when preparing to recertify if your credentials have lapsed:

Effective December 22, 2010 any candidate with lapsed credentials are required to prove eligibility via the Experiential Pathway.

### RECERTIFICATION

You must recertify by the expiration date on your certificate or your credential will lapse. You may, however, test prior to the expiration date or even prior to the examination quarter in which your credential is due to lapse. If a credential has lapsed, you may not use the credential until it has been reinstated by passing the examination.

<u>Certification Expires</u>	<u>Examination Must Be Scheduled By</u>
March	January – March
June	April – June
September	July – September
December	October– December

### CALLING ABOUT YOUR APPLICATION

Please wait at least four weeks following the application postmark deadline, before calling AMP about your application. If you do not receive acknowledgment from AMP within four weeks following the application deadline, call the AMP Candidate Support Center at 888/519-9901.

### RE-EXAMINATION

There is no limit to the number of times you may take the examination, providing all eligibility requirements are met each time an application is submitted. It is recommended that you schedule your examination early in the examination cycle in case you fail the examination and wish to take it again within the same cycle.

You may only apply for re-examination once within the same testing quarter. When reapplying for the examination within the **same quarterly examination cycle** you must complete the rescheduling form at the bottom of your score report and send it to AMP with the appropriate fee, minus \$75. This applies to the current quarterly examination cycle only. **AMP must receive your reapplication 30 days prior to the end of the examination quarter if you want to retest within the same quarter. If you reschedule a missed or failed examination in a different testing cycle, you must pay the full fee, plus submit a new application and documentation of eligibility.**

If you reapply within the same testing quarter you may call AMP approximately 7-10 business days after mailing your reapplication to schedule your re-examination appointment.

### REFUNDS

Application fees, minus a \$100 processing fee, will be refunded in certain instances. The following rules apply:

#### Automatic refund granted if:

- Applications do not meet eligibility requirements.
- Applications do not meet postmark deadlines (no processing fee withheld).

#### Refund requests considered if: (Request and explanation must be submitted in writing.)

- You withdraw from an examination.
- You do not schedule an examination within the quarterly examination cycle requested on your application.
- You fail to reschedule an examination within two business days of the scheduled examination date.
- You are more than 15 minutes late to the scheduled examination due to extenuating circumstances.
- You fail to appear for an examination on the scheduled date due to extenuating circumstances.
- You fail to have proper identification at the testing center.

#### Refund Not Granted If

- You violate examination rules and are dismissed from the Assessment Center by the proctor.

Submit the request for refund to AMP, Examination Services, 18000 W. 105th Street, Olathe, KS 66061-7543.

If a refund is granted, a complete application, examination fee, and documentation of eligibility are required to reapply for examination.

### NURSING EDUCATION PROGRAMS THAT INCLUDE FOOT AND NAIL CARE

Following is a listing of the foot and nail care programs the WOCNCB® is aware of. Please indicate the program you completed on the examination application, along with a copy of your certificate of completion.

*The WOCNCB® does not endorse or monitor the educational programs listed. This list is not all-inclusive.*

#### **Institute for Health Professionals at PCC – Code #420**

*Nursing Continuing Education  
Maria Michalczyk, RN, MA  
HCI Training Program Director  
1626 SE Water Avenue, Suite 114  
Portland, OR 97214  
503/731-6627 (W) 503/731-6632 (fax)  
<http://www.pcc.edu/business/ihp/>*

#### **Complete Foot Care Course – Code #413**

*by American Orthopaedic Foot & Ankle Society  
October 2-4, 2008  
Boston Park Plaza & Towers Hotel  
Boston, MA  
Information and registration form are available at [www.aofas.org](http://www.aofas.org).  
Questions should be directed to the AOFAS at [aofasinfo@aofas.org](mailto:aofasinfo@aofas.org) or 847/698-4654.*



## **The WOC program contains a course section on Foot Care – Code #425**

at Emory University School of Medicine  
Wound Ostomy and Continence Nursing Education Center  
and Current Approaches to Diabetic Foot Care  
2-day Foot & Nail course  
The Emory Clinic, Room AT732  
1365 Clifton Road, NE  
Atlanta, GA 30322  
Tel: 404/778-3650  
<http://www.surgery.emory.edu/wocnec/programs.htm>

## **The WOC program contains a course section on Foot Care – Code #411**

at University of Virginia Graduate Program in WOC Nursing  
UVA School of Nursing  
Attention: Catherine Ratliff  
P.O. Box 800782  
McLeod Hall  
202 15th Street SW  
Charlottesville, VA 22908  
Tel: 434/924-0141 or toll free 888/283-8703  
Fax: 434/924-2787  
Email: [www.crr9m@Virginia.edu](mailto:www.crr9m@Virginia.edu)  
<http://www.nursing.Virginia.edu/programs/admissions/wocpost/default.asp>

## **Foot Care for Registered Nurses – Code #415**

presented by  
Medical University of South Carolina  
College of Nursing, Office of Continuing Education  
99 Jonathan Lucas St.  
Charleston, SC 29425  
Tel: 866/637-6835  
<http://www.musc.edu/nursing/departments/continuingeducation/courses.htm>  
(This course will be offered online in summer/fall 2004.)

## **Foot and Nail Care Education for Nurses – Code #416**

Two-day course offered by  
University of Wisconsin in Eau Claire  
Continuing Education Dept.  
210 Water St., Box 4004  
Eau Claire, WI 54702-4004  
Tel: 866/893-2423  
<http://www.uwec.edu/ce/healthCare/footnail/index.htm>

## **Nurses Foot Care Business Program – Code #421**

by NFCS Associates Services, LLC  
Ann Arbor, Michigan  
For 2007 Two Day Course Dates Check:  
<http://www.nursescare.net/nfcbusprogram.htm>

## **“da Agony of de Feet” – Code #422**

A Complete Foot Care Course  
Ongoing courses offered in San Diego and Calabasas,  
California  
15 CEU's

For More Information Contact  
Shelly R. Burdette-Taylor  
RN, C, MSN, CWCN, CFCN, PhD  
Taylor'D Health Education & Consultation  
[shelly@taylorhealth.com](mailto:shelly@taylorhealth.com)  
[www.taylorhealth.com](http://www.taylorhealth.com)  
858/663-4150 mobile  
858/672-9148 office/fax

## **“Foot Care Extraordinaire” – Code #423**

5 Day Advanced Foot Care Course  
Oct. 23-27, 2008  
The Preventive Diabetic Foot Care Alliance Basic and  
Advanced Foot Care Courses for Nurses  
Laura Roehrick RN, CFCN / Teresa Kelechi PhD, RN instructors  
2164 Francisco Ave.  
Santa Rosa, CA 95403  
707/525-1519  
[roehrickrn@sbcbglobal.net](mailto:roehrickrn@sbcbglobal.net)  
[kelechtj@musc.edu](mailto:kelechtj@musc.edu)

## **OnSight Senior Care – Code #426**

Attn: Mary Taylor, CFNCN, CCRN, FNP-C  
Sr. NP Foot Care Training Specialist  
6551 New Market Way  
Raleigh, NC 27615  
919/935-9330 Cell  
919/878-9408 Home  
[marytaylor13@hotmail.com](mailto:marytaylor13@hotmail.com)

## **ASSESSMENT CENTER LOCATIONS AND HOLIDAYS**

The examinations are delivered by computer at over 170 AMP Assessment Centers located geographically throughout the United States. The examination is administered by appointment only, Monday through Saturday at 9:00 a.m. and 1:30 p.m. Candidates are scheduled on a first-come, first-served basis. Detailed maps and directions are available on our website [www.wocncb.org](http://www.wocncb.org). Choose “Become Certified” and click on “Test Locations.” Locations are subject to change. The examination is not offered on the following holidays:

New Year's Day  
Martin Luther King Day  
Presidents' Day  
Good Friday  
Memorial Day  
Independence Day (July 4)  
Labor Day  
Columbus Day  
Veterans' Day  
Thanksgiving Day (and the following Friday)  
Christmas Eve Day  
Christmas Day  
New Year's Eve Day

**REQUESTS FOR INTERNATIONAL/  
MILITARY TEST CENTERS**

Instructions for requesting international and/or military test centers may be obtained by contacting the AMP office at 913/895-4600. Reservations for these special sites will require an additional test center fee as follows:

Military Test Centers (DANTES)	\$520
Canada	\$970
Other International Sites	\$1,340

The cost of a special test center may be shared by multiple individuals.

International test centers may be arranged for candidates living outside the United States. A written request indicating the preferred country and city of testing must be mailed to the AMP office and be postmarked at least 90 days prior to the desired examination date.

Military personnel should contact the Test Control Officer in the Education Office of the military installation at which they are stationed. The Test Control Officer should notify AMP in writing of the exact location where testing should be arranged. Information regarding your request will be sent to you after receipt at the AMP office.

Examinations given outside the United States may be in paper-and-pencil or web format. Score reports for paper-and-pencil examination will be sent in approximately six weeks following the examination. Score reports for web examinations will be sent two business days following the examination.

**REQUESTS FOR SPECIAL EXAMINATION  
ACCOMMODATIONS**

The WOCNCB® and AMP comply with the Americans with Disabilities Act (ADA) to ensure that individuals with disabilities are not deprived of the opportunity to take the examination solely by reason of a disability, as required and defined by the relevant provisions of the law. Special examination arrangements may be made for these individuals, provided that an appropriate request for accommodation is submitted to AMP by the postmark application deadline and the request is approved. A form for requesting special accommodations is included in this handbook on page 11. This form must be signed by an appropriate professional and submitted with the examination application.

**TELECOMMUNICATION DEVICES  
FOR THE DEAF**

AMP is equipped with Telecommunication Devices for the Deaf (TDD) to assist deaf and hearing-impaired candidates. TDD calling is available 8:30 a.m. to 5:00 p.m. (Central Time) Monday-Friday at 913/895-4637. This TDD phone option is for individuals equipped with compatible TDD machinery.

**EXAMINATION APPOINTMENT CHANGES**

You may reschedule an examination appointment at no charge **once** by calling AMP at 888/519-9901 **at least two business days** prior to the scheduled examination session. See table below.

If your examination is scheduled on...	You must contact AMP by 3:00 p.m. Central Time to reschedule the examination by the previous...
Monday	Wednesday
Tuesday	Thursday
Wednesday	Friday
Thursday	Monday
Friday	Tuesday

If you choose to retake the examination in a different quarterly examination cycle, a complete application, examination fee, and documentation of eligibility are required.

**INCLEMENT WEATHER, POWER FAILURE  
OR EMERGENCY**

In the event of inclement weather or unforeseen emergencies on the day of an examination, AMP will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Assessment Center personnel are able to open the Assessment Center.

You may visit AMP’s website at [www.goAMP.com](http://www.goAMP.com) prior to the examination to determine if AMP has been advised that any Assessment Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at an Assessment Center, all scheduled candidates will receive notification following the examination regarding a rescheduled examination date or reapplication procedures.

If power to an Assessment Center is temporarily interrupted during an administration, your examination will be restarted where you left off and you may continue the examination. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

**NAME AND ADDRESS CHANGES**

If you move or change your name, you should immediately notify AMP at 18000 W. 105th Street, Olathe, KS 66061-7543 in writing. To ensure proper identification at the Assessment Center, any name changes should be submitted to AMP prior to taking the examination. Please use the form included on page 15 of this handbook.

**TAKING THE EXAMINATION**

Your examination will be given by computer at an AMP Assessment Center. You do not need any computer experience or typing skills to take your examination. On the day of your

examination appointment, report to the Assessment Center no later than your scheduled testing time. Once you enter the office, look for the signs indicating AMP Assessment Center Check-in. **IF YOU ARRIVE MORE THAN 15 MINUTES AFTER THE SCHEDULED TESTING TIME YOU WILL NOT BE ADMITTED.**

## IDENTIFICATION

To gain admission to the Assessment Center, you need to present two forms of identification, one issued by a government agency with a current photograph. Both forms of identification must be valid and include your current name and signature. You will be required to sign a roster for verification of identity.

Acceptable forms of photo identification include a current driver's license with photograph, a current state identification card with photograph, a current passport, or a current military identification card with photograph. Employment ID cards, student ID cards and any type of temporary identification are NOT acceptable as primary identification, but may be used as secondary identification if they include your name and signature.

**YOU MUST HAVE PROPER IDENTIFICATION TO GAIN ADMISSION TO THE ASSESSMENT CENTER.**

## RULES FOR EXAMINATION

### SECURITY

The WOCNCB® and AMP maintain examination administration and security standards to assure that all candidates are provided the same opportunity to demonstrate their abilities. The Assessment Center is continuously monitored by audio and video surveillance equipment for security purposes.

The following security procedures apply during the examination:

- Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular phones are allowed in the testing room.
- No programmable calculators or Personal Digital Assistants (PDAs) are permitted.
- No guests, visitors or family members are allowed in the testing room or reception areas.
- No personal items, valuables, or weapons should be brought to the Assessment Center. Only keys and wallets may be taken into the testing room. If personal items are brought to the testing room, they must be placed in an AMP bag that is locked by the proctor and placed on the back of your seat. Following the examination, you must bring the bag to the proctor to be unlocked for retrieval of personal items. AMP is not responsible for items left in the bag or testing office.

## EXAMINATION RESTRICTIONS

- Pencils will be provided during check-in.
- Possession of a cellular phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
- You will be provided with one piece of scratch paper at a time to use during the examination. You must return the scratch paper to the supervisor at the completion of testing, or you will not receive a score report. No documents or notes of any kind may be removed from the Assessment Center.
- No questions concerning the content of the examination may be asked during the examination.
- Eating, drinking or smoking will not be permitted in the Assessment Center.
- You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

## MISCONDUCT

Individuals who engage in any of the following conduct may be dismissed from the examination, their scores will not be reported and examination fees will not be refunded. Examples of misconduct are when a candidate:

- creates a disturbance, is abusive, or otherwise uncooperative;
- uses electronic communications equipment such as pagers, cellular phones, palm pilots;
- talks or participates in conversation with other examination candidates;
- gives or receives help or is suspected of doing so;
- attempts to record examination questions or make notes;
- attempts to take the examination for someone else; or
- is observed with notes, books or other aids.

## COPYRIGHTED EXAMINATION QUESTIONS

All examination questions are the copyrighted property of the WOCNCB®. It is forbidden under federal copyright law to copy, reproduce, record, distribute or display these examination questions by any means, in whole or in part, without written permission. Doing so may subject you to severe civil and criminal penalties.

## THE EXAMINATION

### PRACTICE EXAMINATION

After your identification has been confirmed, you will be directed to a testing carrel. You will be instructed on-screen to enter your identification number. You will take your photograph which will remain on screen throughout your



examination session. This photograph will also print on your score report. Prior to attempting the examination, you will be given the opportunity to practice taking an examination on the computer. The time you use for this practice examination is NOT counted as part of your examination time or score.

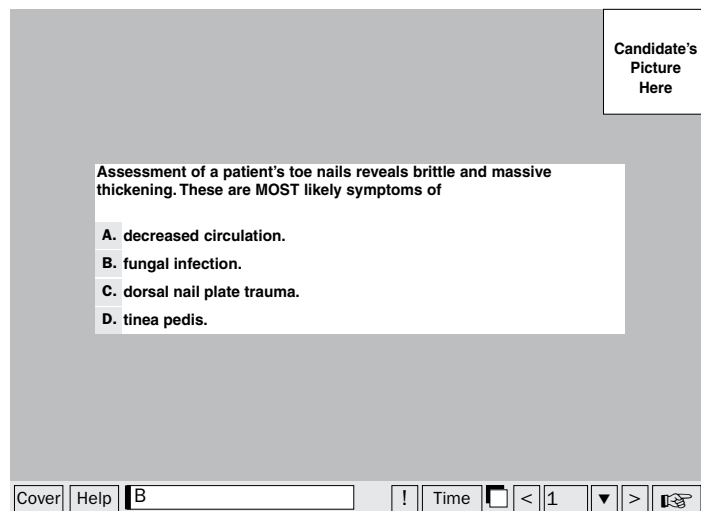
When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

If you wish to see and practice navigating within the computer-based testing environment before your examination date, a free online computer-based testing tutorial is available. Go to the LXR Store at <http://store.lxr.com> and follow the instructions to access a Sample Web Test.

## TIMED EXAMINATION

Following the practice examination, the timed examination begins. Instructions for the examination are provided on the computer screen. **You are allowed 90 minutes to complete the examination. After 90 minutes you will no longer be able to access the examination.**

### Example of Computer Examination Screen



The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time allowed. You may click on the "Time" box in the lower right portion of the screen or select the Time key to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The Time feature may be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. Choices of answers to the examination question are identified as A, B, C, or D. You must indicate your choice by either typing in the letter in the response box in the lower left portion of the computer screen or clicking on the option using the mouse. To change your answer, enter a different option by pressing the A, B, C, or D key or by clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen or select the NEXT key. This action will move you forward through the examination question by question. If you wish to review any question or questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

An examination question may be left unanswered and you may return to answer the question later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the hand icon or select the NEXT key to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the hand icon or press the NEXT key.

When the examination is completed, the number of examination questions answered is reported. If all questions have not been answered and there is time remaining, return to the examination and answer those questions. Try to provide an answer for each examination question before ending the examination. There is no penalty for guessing.

## CANDIDATE COMMENTS

During the examination, comments may be provided for any question by clicking on the button displaying an exclamation point (!) to the left of the Time button. This opens a dialogue box where comments may be entered. Comments will be reviewed, but individual responses will not be provided.

## FOLLOWING THE EXAMINATION

After completing the examination, you are asked to complete a short evaluation of your examination experience. Then, you are instructed to report to the examination proctor to receive your score report. Examination scores are available immediately after the examination. Scores are reported in printed form only, in person or by U.S. mail. Scores are not reported over the telephone, by electronic mail or by facsimile.

Your score report will indicate a "pass" or "fail." Additional detail is provided in the form of raw scores by major content category, as identified in the detailed content outline shown on pages 9-10 of this handbook. A raw score is the number of questions answered correctly. Pass/fail status is determined by the total raw score. Even though the examination consists of 90 questions, total raw scores are based on 80 questions; ten unscored questions are being pretested to verify their appropriateness for use on future examination forms.

The methodology used to set the minimum passing score is the Angoff Method; this is a criterion-referenced process in which expert judges estimate the passing probability of each question on the examination. These judgments are averaged to determine the minimum passing score (i.e., the number of correctly answered questions required to pass the examination), to ensure that those who pass the examination have demonstrated a sufficient level of knowledge of foot

and nail care to warrant certification. Statistical equating procedures are used to ensure that each examination form that is developed will be of a consistent level of difficulty, based on the average difficulty of the questions being scored. The number of correct answers required to pass is generally around 75% correct, although the actual passing point can vary somewhat based on the equating process.

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## IF YOU PASS THE EXAMINATION

If you pass you may use the appropriate credential immediately, but you should be aware that a complete official review will be conducted by the Board and may result in revocation. The appropriate credential, CFCN®, may only be used as stated. The CFCN® credential may not be combined with any other credentials (e.g., CWOC-FCN).

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## IF YOU DO NOT PASS THE EXAMINATION

If you do not pass you may retake the examination one time within the current quarterly testing cycle by completing the form at the bottom of the score report and submitting the appropriate fee minus \$75. This discount is given one time only, and only within the current testing cycle. In order to retest within the same quarter, AMP must receive your reapplication 30 days prior to the end of the testing quarter. Reapplicants within the same examination quarter may call AMP approximately 7-10 business days after mailing their reapplication to schedule their examination appointment.

If you choose to retake the examination in a later quarterly examination cycle, you must start the application process again by completing a new application, then submit to AMP along with all required supporting documentation and the entire fee.

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## SCORES CANCELED BY THE WOCNCB® OR AMP

The WOCNCB® and AMP are responsible for the validity and integrity of the scores they report. On occasion, occurrences such as computer malfunction or misconduct by a candidate, may cause a score to be suspect. The WOCNCB® and AMP reserve the right to void or withhold examination results if, upon investigation, violation of its regulations is discovered.

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## FAILING TO REPORT FOR AN EXAMINATION

If you fail to report for an examination you may submit a refund request in writing to WOCNCB®. Please see page 3 of this candidate handbook for refund information. A completed application, examination fee, and documentation of eligibility are required to reapply for examination.

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## CONFIDENTIALITY

Information about candidates for testing and their examination results are considered confidential. Studies and reports concerning candidates will contain no information identifiable with any candidate, unless authorized by the candidate.

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## DUPLICATE SCORE REPORTS

Requests for duplicate score reports must be made in writing to AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, within one year of the examination date. Your request must include your name, unique identification number, mailing address, examination date, examination type, Assessment Center and signature. The fee for a duplicate score report is \$25 each. Be sure to include a check or money order made payable to AMP for the appropriate amount with your request.

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## CERTIFICATES

Certificates will be mailed to successful candidates by the end of the month following the examination quarter. For example, if the examination quarter is January through March, certificates will be sent at the end of April.

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## DUPLICATE CERTIFICATES

Duplicate certificates may be obtained from AMP, 18000 W. 105th Street, Olathe, KS 66061-7543, by written request for a fee of \$10. Be sure to include a check or money order made payable to AMP with your request.

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## REVOCACTION OF CERTIFICATION

An individual's certification will be revoked for any of the following reasons:

1. Falsification of the application or application materials.
2. Knowingly assisting another person or persons in obtaining or attempting to obtain certification or recertification by fraud.
3. Illegal use of the certification certificate or falsification of credentials. This would include any lapse in professional license during the five-year period, any appearance of revocation including those due to any misdemeanor or felony charges.
4. Unauthorized possession and/or distribution of official WOCNCB® testing or examination materials.

The WOCNCB® provides an appeal mechanism for challenging revocation of certification. It is the responsibility of the individual to initiate this process. The complete process may be found on the Board's website at [www.wocncb.org](http://www.wocncb.org) in the area of Credentialing Review and Appeals. Written appeals should be forwarded to the WOCNCB® at the address listed on the web site or the back cover of this handbook.

## EXAMINATION CONTENT

To begin your preparation in an informed and organized manner, you should know what to expect from the actual examination in terms of the content. Information regarding the content of the examination is presented in this handbook. The content outline will give you a general impression of the examination and, with closer inspection, can give you specific study direction by revealing the relative importance given to each category on the examination.

The content for the examination is directly linked to a job analysis completed in 2003 and is described in the detailed content outline starting below. The job analysis involved development of a survey, distribution of that survey to practitioners, and an analysis of the responses. Test specifications for the certified foot and nail care nurse were developed on the basis of these data.

The outline indicates the content categories relevant to each of the performance areas and the number of questions for each category. Complexity levels for questions are also assigned as recall, application and analysis:

1. **Recall:** The ability to recall or recognize specific information is required.
2. **Application:** The ability to comprehend, relate or apply knowledge to new or changing situations is required.
3. **Analysis:** The ability to analyze and synthesize information, determine solutions and/or to evaluate the usefulness of a solution is required.

The entire examination consists of approximately 24 percent *recall* questions, 57 percent *application* questions and 19 percent *analysis* questions. Only generic drug names will be used in the examination.

## DETAILED CONTENT OUTLINE

### 1. ASSESSMENT (40)

#### A. History

1. Collect health history
2. Assess medication history

#### B. Physical Assessment

1. Assess patient for functional disabilities (e.g., gait, mobility, balance, visual, cognitive)
2. Assess patient for health habits (e.g., smoking, exercise, hygiene, nutrition)
3. Assess foot circulation by palpation (e.g., pulses, blanching, capillary refill)
4. Assess foot circulation by Doppler
5. Assess legs and feet for temperature
6. Assess hair growth on legs and feet
7. Assess foot skin integrity (e.g., fissures, ulcers, corns, calluses, dermatitis)
8. Assess physical/musculoskeletal function of the foot (e.g., range of motion, deformities, strength)
9. Assess sensation (e.g., monofilament testing, vibration)
10. Assess toenails and cuticles
11. Determine ankle brachial index (ABI)

### C. Risk Assessment

1. Establish risk of ulceration on assessment
2. Establish risk of amputation based on assessment
3. Assess for issues of quality of life related to foot pathology

### D. Footwear and Mobility Aid Assessment

1. Inspect footwear and socks/stockings
2. Inspect mobility aids (e.g., canes, walkers)

## 2. NURSING INTERVENTIONS (25)

### A. Skin care

1. Perform hygiene
2. Identify appropriate interventions for managing hyperkeratotic areas
3. Implement off-loading
4. Apply padding
5. Identify the need for compression therapy (e.g., to manage edema)
6. Apply moisturizers to skin
7. Perform cuticle care
8. Identify and make recommendations for skin conditions:
  - a. Blisters
  - b. Plantar warts
  - c. Trauma
  - d. Tinea pedis
  - e. Paronychia
  - f. Maceration
  - g. Other skin conditions
9. Identify the need for use of therapeutic interventions (e.g., topical therapy) for skin conditions

### B. Nail Care

1. Define free nail border (i.e, remove debris)
2. Conduct debridement of toenails
3. Perform cleaning and sterilization of equipment
4. Use personal protective equipment
5. Maintain infection control for tinea pedis and candidiasis
6. Identify and make recommendations for the following conditions:
  - a. Onychomycosis
  - b. Trauma
  - c. Ingrowing/ingrown toenail
  - d. Other conditions of the toenails

## 3. EDUCATION AND REFERRAL (15)

### A. Education

1. Provide patient/caregiver education related to:
  - a. foot care (e.g., hygiene, skin care, inspection, nail care)
  - b. pathophysiology affecting the foot
  - c. age-specific changes of the foot
  - d. proper footwear
  - e. problems that should be reported
  - f. anatomy and physiology of the foot
  - g. plan for follow-up care
  - h. weight management
  - i. prevention of specific problems

**B. Referral**

1. Identify the need for appropriate referrals (i.e., primary care provider, podiatry, orthopedics, dermatology, endocrinology, vascular surgery, general surgery, physical therapy, occupational therapy, pedorthist/orthotist, home health, pain management, diabetes education, smoking cessation, case/care manager or social worker, wound care)
2. Act as patient advocate regarding issues of foot care

**SAMPLE QUESTIONS**

These sample questions are representative of actual examination questions.

1. A patient with heel spurs would MOST likely complain of
  - A. severe pain in the bottom of the foot.
  - B. itching on the heels.
  - C. swelling in the heels.
  - D. moderate pain throughout the foot.
  
2. Assessment of a patient’s toe nails reveals brittle and massive thickening. These are MOST likely symptoms of
  - A. decreased circulation.
  - B. fungal infection.
  - C. dorsal nail plate trauma.
  - D. tinea pedis.
  
3. Which of the following skin conditions can be prevented by community education in the proper use of communal washing facilities?
  - A. tinea pedis
  - B. skin maceration
  - C. scabies
  - D. plantar warts

**ANSWER KEY**

<u>Question</u>	<u>Correct Answer</u>	<u>Content Category</u>	<u>Complexity Level</u>
1.	A	1B8	Recall
2.	B	1B10	Application
3.	A	2A8d	Application

**SUGGESTED REFERENCES**

This list does not attempt to include all acceptable references, nor is it suggested that the WOCNCB foot and nail care examination is necessarily based upon these references.

**REFERENCES**

Ahroni, Jessie (2000). 101 Foot Care Tips for People with Diabetes.

Bowker, J.H. & Pfeifer, M.A. Levin and O’Neal’s The Diabetic Foot. Philadelphia, PA: Mosby, Inc. 2008.

Bryant, Ruth A., Nix, D. editors (2007). Acute and Chronic Wound Management, Mosby: St. Louis, MO. 3<sup>rd</sup> ed.

Dillman, Erika. The Little Foot Care Book.

Goodheart, Herbert (2003). Common Skin Disorders. 2<sup>nd</sup> ed.

Habif, Thomas P. (2003). Clinical Dermatology Color Diagnosis Therapy. 4th edition

Levine, Suzanne (2000). Your Feet Don’t Have to Hurt.

Mix, Godfrey (1999). The Salon Professional’s Guide to Foot Care. Milady Salon Innovations Publishing.

Morison, Moya J., Moffatt, C., Franks, P. (2007). Leg Ulcers: A Problem-Based Learning Approach. Mosby.

Mosby’s Medical, Nursing, and Allied Health Dictionary (2002). 6<sup>th</sup> ed.

NIDDKD (2000). Feet Can Last a Lifetime.

Nursing Drug Handbook

Registered Nurses Association of Ontario (RNAO-March 2005), Nursing Best Practice Guideline: Reducing Foot Complications for People With Diabetes, Nursing Best Practice Program.

Sussman, C. and Bates-Jensen, B., editors (2007). *Wound Care: A Collaborative Practice Manual for Health Professionals*. Gaithersburg, MD: Aspen. 3<sup>rd</sup> ed.

Taber’s Encyclopedic Medical Dictionary, 20<sup>th</sup> ed.

Wolff, K., Johnson, R.A., Surrmond, D., editors. Fitzpatrick Color Atlas and Synopsis of Clinical Dermatology (2005). 5<sup>th</sup> ed.

WOCN Guideline (2002). Management of Wounds in Patients with Lower- Extremity Arterial Disease.

WOCN Guideline for Management of Wounds in Patients with LEND (2004).

WOCN Guideline for Management of Wounds in Patients with LEVD (2005).

WOCN Position Statement (2003): Competency and WOC Nursing.

**WEBSITES**

[www.cdc.gov](http://www.cdc.gov)

[www.ndep.nih.gov/resources/resources.htm](http://www.ndep.nih.gov/resources/resources.htm)

[www.nlm.nih.gov/medlineplus/](http://www.nlm.nih.gov/medlineplus/)

We encourage you to read the journals and related articles pertaining to foot care listed on the [www.wocncb.org](http://www.wocncb.org) website. The information is provided as optional learning tool, and does not suggest that the foot and nail care examination is necessarily based upon these references.



# REQUEST FOR SPECIAL EXAMINATION ACCOMMODATIONS

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

## Candidate Information

Requested Assessment Center: \_\_\_\_\_

\_\_\_\_\_  
Name (Last, First, Middle Initial, Former Name)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Daytime Telephone Number

## Special Accommodations

I request special accommodations for the \_\_\_\_\_ examination.

Please provide (check all that apply):

- Reader
- Extended testing time (time and a half)
- Reduced distraction environment
- Please specify below if other special accommodations are needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form with your examination application and fee to:  
Examination Services, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543 .  
If you have questions, call the Candidate Support Center at 888/519-9901.





# DOCUMENTATION OF DISABILITY-RELATED NEEDS

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

## Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_ / \_\_\_\_ / \_\_\_\_ in my capacity as a  
Candidate Name Date

\_\_\_\_\_  
Professional Title

The candidate discussed with me the nature of the examination to be administered. It is my opinion that, because of this candidate's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

Description of disability: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date: \_\_\_\_\_ License # (if applicable): \_\_\_\_\_

Return this form with your examination application and fee to:  
Examination Services, AMP, 18000 W. 105th Street, Olathe, KS 66061-7543 .  
If you have questions, call the Candidate Support Center at 888/519-9901.



# 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.)

Section 5 and 6 must be completed ONLY by candidates who are seeking a WOCNCB® credential through the Experiential Track. (See page 2 Eligibility Requirements #3) First time candidates or candidates who are recertifying lapsed WOCNCB® credentials through the Experiential Track must complete these sections. Candidates who are recertifying valid (non-lapsed) credentials through the Experiential Track do not have to complete these sections.

**Section 5: Continuing Education Course Completed**

Title	Provider	Date Completed	Credits

**Section 6: Verification of Preceptorship**

**This section must be completed by your Preceptor.**

I am the Preceptor of the individual who has completed this section for the WOCNCB® Foot and Nail Care Examination. I hereby certify that the applicant has completed at least 8 hours clinical experience in foot and nail care.

Hours Worked per Week \_\_\_\_\_

Hospital or Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Section 7:**

How did you learn about the availability of Foot & Nail certification?

From a WOC nurse     Advertisement     Postcard mailer     Internet search     Other: \_\_\_\_\_

**Section 8: Signature**

I certify that I have read all portions of the WOCNCB® Candidate Handbook and application. I certify that the information I have submitted in this application and the documents I have enclosed are complete and correct to the best of my knowledge and belief. I understand that if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my examination results may be delayed, not released or invalidated by the WOCNCB®. I understand that all documentation that supports my application will be kept available by me for submission to the WOCNCB® should I be requested to participate in random audits for quality assurance.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## CHANGE OF NAME AND/OR ADDRESS FORM

Complete this form and return to: WOCNCB® Examination, Applied Measurement Professionals, Inc. (AMP), 18000 W. 105th Street, Olathe, KS 66061-7543 USA.

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Name (Last, First, Middle Initial, Former Name)

---

ID #

---

Mailing Address

---

City

State

Zip Code

---

Daytime Telephone Number

---

E-mail Address

**It is imperative that you inform AMP of a name and/or address change. Doing so ensures that you will receive your recertification materials on time when you are due to recertify.**

**Please note that the WOCN and WOCNCB are separate entities, so you must notify both organizations if you change your name and/or address.**

WOCNCB®  
555 East Wells Street  
Suite 1100  
Milwaukee, WI 53202-3823  
Phone: 888/496-2622  
E-mail: [info@wocncb.org](mailto:info@wocncb.org)  
Web: [www.wocncb.org](http://www.wocncb.org)