



Rocky Mountain Chapter

Wound, Ostomy, and
Continence Nurses Society®

I have emailed 2 letters of reference from a Professional Colleague (WOC Nurse preferred) or Supervisor to rmrwocn@gmail.com.

I hereby affirm that the information provided by me is true to the best of my knowledge, and I will notify the RMC of WOCN of any changes to this information.

Signature: _____

You are required to submit a copy of your receipt of payment and your new certification award. Scholarship will be presented after the RMC Board of Directors has received verification that you have completed and passed the certification exam(s).

**The RMC reserves the right to audit any application for a period of up to one year from the date of any award.*



WOCN

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Continence Nurses Society®

WOCN® NATIONAL OFFICE

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