



Occupational Therapy Credentialing
P.O. Box 47877
Olympia WA 98504-7877
360.236.4700

Declaration of Completed Statutory Requirements for Wound Care Management and Sharp Debridement Endorsements

Please complete this form and return it directly to the address above.

1. Declarant (print or type clearly)

Name:		
WA State license # (if Applicable):	Birth Date:	
Address:		
City:	State:	Zip:

You must sign and date this declaration in order for the Department of Health to process and approve the declaration. **Please carefully read and check all boxes applicable to you and then sign and date the last page.**

2. Endorsement through certification

- Endorsement through Certification as a Certified Hand Therapist or Certification as a Wound Care Specialist** (satisfies both wound care management and sharp debridement)

The marked check in the box above demonstrates that I possess certification as a certified hand therapist by the hand therapy certification commission; or certification as a wound care specialist by the national alliance of wound care, or equivalent organization approved by the Board of Occupational Therapy.

3. Wound care management endorsement

Wound care management endorsement through clinical education and training

The marked check in the box above demonstrates that I have successfully completed at least fifteen hours mentored training in a clinical setting which included observation, cotreatment, and supervised treatment by a licensed occupational therapist authorized to perform wound care management under Chapter [18.59 RCW](#) or by a licensed health care provider authorized to perform wound care management in his or her scope of practice. I hereby certify that the clinical training received included a case mix similar to my expected practice.

“Wound care management” means a part of occupational therapy treatment that facilitates healing, prevents edema, infection, and excessive scar formation, and minimizes wound complications. Treatment may include: assessment of wound healing status; patient education; selection and application of dressings; cleansing of the wound and surrounding areas; application of topical medications, as provided under [RCW 18.59.160](#); use of physical agent modalities; application of pressure garments and nonweight-bearing orthotic devices, excluding high-temperature custom foot orthotics made from a mold; sharp debridement of devitalized tissue; debridement of devitalized tissue with other agents; and adapting activities of daily living to promote independence during wound healing.

4. Sharp debridement with a scalpel endorsement

Sharp debridement with a scalpel endorsement through clinical education and training

The marked check in the box above demonstrates that I have marked the box in paragraph three above **and** have additionally completed a minimum of:

- A. two thousand hours in clinical practice, and
- B. fifteen hours of mentored sharp debridement training in the use of a scalpel in a clinical setting.

I certify that my mentored training included observation, cotreatment, and supervised treatment by a licensed occupational therapist authorized to perform sharp debridement with a scalpel under Chapter [18.59 RCW](#) or by a licensed health care provider authorized to perform wound care management including sharp debridement with a scalpel in his or her scope of practice. Both the two thousand hours in clinical practice and the fifteen hours of mentored training in a clinical setting included a case mix similar to my expected practice.

“Sharp debridement” means the removal of loose or loosely adherent devitalized tissue with the use of tweezers, scissors, or scalpel, without any type of anesthesia other than topical anesthetics. Sharp debridement does not mean surgical debridement.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. Furthermore, my signature below acknowledges that I have reviewed Chapter [18.59 RCW](#) and that I satisfy the requirements contained therein.

Declarant

Date (mm/dd/yyyy)

Place of Signing