**Subject:** Verification of Board Certification & Credentials

**Verification Inquiry No:** N/A

Thank you for your recent inquiry to the Organization for Wound Care Nurses & Allied Health Care Professionals (OWCNAHP) Certification Board regarding the Certification Status of the below listed Clinician. OWCNAHP Certification Board verifies the following information:

Full Name	State	Certification	<b>Date Issued</b>	<b>Expiration Date</b>
Carmen Savoy	LA	Wound Care Sales Professional	09/21/2024	09/21/2029

If you have any questions or concerns regarding this information, please contact us via email: <u>info@woundcarenurses.org</u>.

## Ali Pitafi MD

Ali Pitafi MD

President