



# Organization of Wound Care Nurses & Allied Healthcare Professionals

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

**Verification Inquiry No:** PA100012

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         | Date Issued | Expiration Date |
|---------------|-------|-----------------------|-------------|-----------------|
| Amanda Ariola | MA    | Wound Care Specialist | 11/16/2024  | 11/16/2029      |

If you have any questions or concerns regarding this information, please contact us via email: [info@woundcarenurses.org](mailto:info@woundcarenurses.org).

*Ali Pitafi MD*

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President