

Educational courses for:

LPN/LVN • RN • NP • PA • MD • DO • DPM • PTA/PT • OT

Advance your clinical knowledge, become Wound Care Certified.

Skin & Wound Management Course

5-day onsite This course offers an evidence-based approach to wound management to help clinicians stay current with the standards of care and legally defensible at bedside. Provided through the Wound Care Education Institute (WCEI®) students can expect to be taught by experienced certified instructors that engage students through interactive teaching methods.

COURSE CURRICULUM:

- Physiology of wound healing
- Factors which inhibit/enhance wound healing
- Wound assessment, measuring, staging, etiology, prevention
- Management/intervention, selection and utilization of topical therapy
- Management of vascular, arterial, and diabetic ulcers
- Other modalities of treatment: surgical intervention, hyperbaric oxygen, growth factors, electrical stimulation, hydrotherapy, topical negative pressure, skin equivalents, etc.
- Patient and family education/counseling
- National healthcare issues
- Legal/ethical aspects, standards, quality care issues
- Coordination of services, multi-disciplinary

ALUMNI BENEFITS AND SUPPORT:

- Research materials
- Tools, forms and "how to" videos
- Free mobile APP
- Live seminars and webinars
- Hands-on workshops
- Free webinars
- Social networking with **20,000+** alumni

About WCEI

WCEI is an educational center of excellence supporting **20,000+** clinical professionals in all care settings. National Alliance of Wound Care and Ostomy (NAWCO®) is the national accrediting board for the prestigious Wound Care Certification (WCC®), Diabetic Wound Certification (DWC®) and Ostomy Management Specialist® (OMS) board certifications. NAWCO is the largest and fastest growing group of multidisciplinary wound care certified professionals in the United States.

ELIGIBILITY

Anyone can attend the course.

Those wishing to take the NAWCO® WCC® national certification exam must meet the following criteria:

- Active unrestricted license in one of the following professions:
 - LPN / LVN
 - RN / NP
 - OT / PT / PTA
 - MD / DO / DPM / PA
- In the past five years candidates must show two years' full-time or four years' part-time wound care experience where wound care was a component of the job duties

Candidate may participate in the NAWCO® Preceptor Program in lieu of required experience. Visit www.nawccb.org for more details.



TUITION

\$2,997 Individual Rate

\$2,697 Onsite Early Rate

(Full payment 45 days prior to course)

TUITION INCLUDES:

- Classroom Training
- WCCI Wound Care Manual
- **Learning aides:** glossary, sample questions
- WCC Board Pre-exam certification review
- WCC Board certification exam and fees.
- 22.75 education credits (CE)
- "Alumni Only" access to WCCI website
- Networking Lunches at most locations

CANCELLATION POLICY:

Cancellations must be made in writing 30 days before the course. A \$200 administration fee applies. No refunds will be given if the cancellation notification is received less than 30 days before the course.

SPEAKERS & PLANNING COMMITTEE

Bill Richlen *PT, CWS, WCC, DWC*

Donna Sardina *RN, MHA, WCC, DWC, OMS*

Dr. Don Wollheim *MD, FAPWCA, WCC, DWC*

Gail Hebert *RN, BSN, MS, CWCN, WCC, OMS*

Hali McCravy *RN, BSN, WCC, DWC, OMS*

Jennifer Oakley *RN, BS, WCC, DWC, OMS*

Nancy Morgan *RN, BSN, MBA, WOC, WCC, DWC, OMS*

Scott Batie *MPT, RPT, MEd, WCC, OMS*

CONTINUING EDUCATION STATEMENTS

Nurses:

Provider approved by the California Board of Registered Nursing, Provider #14094 for 22.75 contact hours. This continuing nursing education activity is approved by the Wisconsin Nurses Association Continuing Education Approval Program Committee, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

Physical Therapists:

The Wound Care Education Institute is an approved Physical Therapy Continuing Education Sponsor, License number 216.00157 by the Illinois Department of Financial and Professional Regulation. The Skin and Wound Management Course is approved for 22.75 contact hours for physical therapists and physical therapy assistants. Check with your state for prior approval.

Occupational Therapists:

The Wound Care Education Institute is an approved Occupational Therapy Continuing Education Sponsor, License number 224.000140 by the Illinois Department of Financial and Professional Regulation. The Skin and Wound Management Course is approved for 22.75 contact hours for occupational therapists and occupational therapy assistants. Check with your state for prior approval.

Physicians:

This live activity, WCCI Skin and Wound Management Course with a beginning date of 1/1/2014, has been reviewed and is acceptable for up to 22.75 Elective credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ENROLL TODAY!

Register online for a course at

www.wcci.net/course-dates

OR

Download registration form at

www.wcci.net/Course_Pricing

and submit completed form to:

Fax: **877.649.6021**

Email: info@wcci.net



Course Schedules

ONSITE COURSE AGENDA

Day One

8:00	–	9:00 am	Registration
9:00	–	9:15	Welcome
9:15	–	10:30	Principles of Practice
10:30	–	10:45	Break
10:45	–	11:45	Skin and Underlying Structures
11:45	–	1:00 pm	Lunch
1:00	–	2:30	Wound Assessment
2:30	–	2:45	Break
2:45	–	4:30	Wound Assessment (cont'd)

Day Two

9:00	–	9:45 am	Wound Healing
9:45	–	10:30	Wound Bed Preparation
10:30	–	10:45	Break
10:45	–	11:45	Wound Bed Preparation (cont'd)
11:45	–	1:00 pm	Lunch
1:00	–	1:45	Nutritional Wound Management
1:45	–	2:30	Topical Wound Management
2:30	–	2:45	Break
2:45	–	4:30	Topical Wound Management (cont'd)

Day Three

9:00	–	10:30 am	Lower Extremity Ulcers
10:30	–	10:45	Break
10:45	–	11:45	Lower Extremity Ulcers (cont'd)
11:45	–	1:00 pm	Lunch
1:00	–	2:30	Pressure Ulcers
2:30	–	2:45	Break
2:45	–	4:30	Acute Wounds

Day Four

9:00	–	10:15am	Other Wounds
10:15	–	10:30	Break
10:30	–	11:15	Other Wounds (cont'd)
11:15	–	11:45	Therapeutic Interventions and Modalities
11:45	–	1:00 pm	Lunch
1:00	–	2:30	Practice Development
2:30	–	2:45	Break
2:45	–	4:30	Week in Review/Test Taking

Day Five

8:00	–	12:00 pm	Certification Exam
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ONLINE COURSE AGENDA

Access this course ONLINE in the comfort of your own home. You have 90 days to complete the narrated course. The WCC examination can be taken at a computer testing center nearest you.



We are here to help:

- Call us at **877-462-9234**
- Chat with us **LIVE ONLINE** at www.wcci.net
- Email us at info@wcci.net





WOUND CARE EDUCATION INSTITUTE

Submit completed application & fees to WCEI:

Mail: 25828 Pastoral Dr
Plainfield, IL 60585
Fax: 877-649-6021

Skin and Wound Management Onsite Course Registration

APPLICANT: (Please print all information legibly)

Name (First, Middle, Last)

Address (Street, City, State & Zip Code)

Phone Number

E-Mail (Required for Confirmation)

Current Employer or Facility (Name & Address)

☐ ADA Statement – Please Contact Me, I have special needs

SELECT WCEI® COURSE LOCATION:

Indicate WCEI® Course Location Choice

Available Dates & Locations listed on www.wcei.net Web Site

City / State

Week of _____

How did you find out about the WCEI® course?

- ☐ Post Card / Direct Mail
☐ Nursing Spectrum / Nurse.com
☐ Advance Magazine LTC
☐ Nursing Association Nurse 2013
☐ Google Search
☐ Yahoo Search
☐ Other Internet Search
☐ Web Site (Please Specify)

☐ Referral (Please Provide Full Name)

☐ Other (Please Specify)

SELECT REGISTRATION TYPE:

ALL Early Bird Fees are Required **PAID IN FULL** 45 days prior to course start date

Registration Type (See Above)	Cost per Person	Total
Individual EARLY BIRD Registration	\$2697.00	
Individual REGULAR Registration	\$2997.00	
NON- REFUNDABLE Application Fee - <i>Must be included with Registration</i>	\$30.00	
Coupon Code:		
<i>Make Checks or Money Orders Payable to Wound Care Education Institute</i>	TOTAL DUE	

CREDIT CARD AUTHORIZATION: (Please print all information legibly)

Attendee Name (First, Middle, Last)

Attendee Address (Street, City, State & Zip Code)

I authorize Wound Care Education Institute to charge \$_____ to my: ☐ VISA ☐ MasterCard ☐ AMEX ☐ Discover

Card Number

Expiration Date

Security Code (3-4 digits on signature strip)

Cardholder Name on Credit Card Statement (First, Middle, Last or COMPANY NAME)

Cardholder Telephone Number

Cardholder Billing Address (Street, City, State & Zip Code) ☐ SAME AS ABOVE

Authorized Cardholder Signature *Digital Signature Acknowledges Agreement & Verification of Information Provided*

Date

For WCEI Cancellation Policy visit us on the web at www.wcei.net or call us at 877-462-9234

NATIONAL ALLIANCE OF WOUND CARE AND OSTOMY™
NAWCO® EXAMINATION ONSITE APPLICATION



Missing or incomplete Information will delay Application processing

1. PRINT NAME: (As listed on your Professional License) LAST: _____ FIRST: _____ MIDDLE: _____	
2. MAILING ADDRESS: STREET: _____ CITY: _____ STATE / PROVINCE: _____ COUNTRY: _____ ZIP / POSTAL CODE: _____	3. DATE OF BIRTH: MM/DD/YYYY: _____
DAYTIME TELEPHONE #: _____ EVENING TELEPHONE #: _____ E-MAIL: REQUIRED FOR CONFIRMATION	
4. PROFESSIONAL LICENSES: (Check all that apply) ☐ LPN / LVN ☐ RN ☐ NP / APN ☐ OT ☐ PTA ☐ PT ☐ PA ☐ MD / DO / DPM License Number(s): _____ Issuing State: _____ ORIGINAL Issue Date: _____ Expiration Date: (mm/dd/yyyy): _____	5. EDUCATION: ☐ Diploma ☐ MSN ☐ Associate ☐ PhD ☐ BS ☐ MD / DO / DPM ☐ BSN ☐ Other: _____ ☐ BA Field of Study: _____
6. WOUND CARE CERTIFICATIONS: (Check all that apply) ☐ CWS / CWCA Certification #: _____ ☐ CWCN Certification #: _____ ☐ CWON Certification #: _____ ☐ CWOCN Certification #: _____	7. LICENSED EXPERIENCE / PRACTICE IN WOUND CARE: MINIMUM of 2 YEARS Must be completed by Exam Date ☐ Two to Five Years ☐ More than Five but fewer than Ten ☐ Ten or more Years
8. PRIMARY PLACE OF EMPLOYMENT: ☐ Hospital ☐ Outpatient ☐ Long Term Care ☐ Education ☐ Home Care ☐ Administration ☐ Sales ☐ Independent Consultant	9. ADA ACCOMMODATION: ☐ YES Special arrangements will be necessary for me to complete the examination. (If yes, contact NAWCO® for instructions.)
10. EXAMINATION TYPE: ☐ On Site at WCEI® Skin and Wound Management Course Course Location: _____ Course Dates: _____ (An acceptance letter and NAWCO® Candidate Handbook will be emailed to you with your WCEI® course confirmation. If you elect to change your testing site after the confirmation is sent, you will be charged an additional \$75.00 administrative fee.) ☐ Computerized Testing Center If you elect the Computerized Testing Center option, you will receive a confirmation notice that includes a toll free number for the candidate to contact PSI Computer Testing, Inc. for scheduling the examination at a testing center. A list of available testing centers may be viewed at www.psiexams.com	Office Use Only: ELG: Y N ACT: Y N DISP: Y N VER DT: _____ BY: _____ ID: _____

11. WORK EXPERIENCE VERIFICATION

Complete the following sections to document required wound care related work experience.

Candidate's Name: (Please Print) _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ ☐ Current Employer ☐ Full Time ☐ Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

Employer Address: (Street, City, State & Zip) _____

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ ☐ Current Employer ☐ Full Time ☐ Part Time
You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

12. AGREEMENT AUTHORIZATION and CERTIFICATION INFORMATION RELEASE

I hereby affirm that I have been a(n) License Type actively and directly involved in the delivery of wound care or in Management, Education or Research directly related to wound care for a minimum of two years full-time or four years part-time within the past five years.

I further affirm that I am currently licensed to practice as a(n) License Type in the state of Select.

I further affirm that no licensing authority has current disciplinary action pending against my license to practice in the aforementioned or any other state, and that my license to practice is not currently suspended, restricted or revoked by any state or jurisdiction.

I authorize the National Alliance of Wound Care and Ostomy™ to make whatever inquiries and investigations deemed necessary to verify my credentials and professional standing. I further allow the National Alliance of Wound Care and Ostomy™ to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

I hereby understand the National Alliance of Wound Care and Ostomy™ will publish my name, professional license type, city, state, past and present certification status under the NAWCO® WCC® Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® WCC® Certified Practitioners. I release the NAWCO®, its subsidiaries and affiliates and their employees, successors and assigns from any claims of damages for libel, slander, invasion of rights of privacy or publicity, and any other claim based on the publication or release of any Certification Information as specified in this Certification Information Release.

As the applicant, I declare that the foregoing statements are true. I understand false information may be cause for denial or loss of the credential.

Applicant's Digital Signature Acknowledges Agreement and Verification of the Information Provided.

Applicant Signature _____ Date _____

Printed Name _____