

# Application for recognition and information

**ICW/TÜV  
2024**

## 1. Basic information

Dear Sir or Madam,

Thank you very much for your interest in being recognised as an educational provider for our standardized wound seminars, or in applying for **re-recognition** after the recognition period has expired. We offer the basic course Woundexpert ICW® and Physician Wound- expert ICW® and the advanced courses Woundcare specialist ICW® and Woundtherapist ICW® as standardised seminars.

For the application please use the following forms which you will find on our homepage at [www.icwunden.de](http://www.icwunden.de):

### Application forms

- Application for recognition
- Recognition agreement
- Lecturers and chairpersons list
- Forms/documents for the respective seminar concept of “ICW/TÜV” certification (see form list)

### You should also familiarise yourself with the following documents:

- Form list “ICW/TÜV“
- Normative document educational provider
- Position paper
- Creation of teaching and learning material for ICW seminars

## 2. Application procedure for the initial application:

- ☞ Submit the application at least 12 weeks before the planned start of the seminar.
- ☞ Plan in a timely manner the participation of the seminar chairpersons in the management seminar "basics"

Send the following documents as EDP version by email to the certification body

1. **Completed application form**
2. **Signed recognition agreement**

Attach the following documents to the application:

3. **Course announcement**/advertising (flyer, internet advertising...) according to current requirements from the curriculum and the normative document.
4. **Participant agreement**: Blanco version of the participant agreement (registration form, regulations for the seminar) with specific annex to take note of the "ICW/TÜV" specifications.
5. **Lecturers**: Overview of planned lecturers per teaching unit according to the form "Lecturers and chairpersons list".
6. **Seminar chairpersons**: Qualification certificates and professional biography for the professional and educational management as well as their proof of participation in the management seminar "basics" (train the trainer) or the corresponding registration.
7. **Timetable** as a standard version as specified in the respective curriculum for you to complete. You can request this as a Word version from the certification office.
8. **Scripts or presentations** on data media on the teaching topics according to the specifications of "Creation of teaching and learning material for ICW seminars". For **re-recognition**, these are requested by the certification body and do not have to be submitted in advance as a lump sum.

**Please send the application by email to the certification body:**

[zert.leitung@icwunden.de](mailto:zert.leitung@icwunden.de)

Zertifizierungsstelle ICW/TÜV  
-Antragsbearbeitung-  
Saalenstraße 10  
35110 Frankenau

### 3. Application of Recognition

Further training and educational institute for conducting wound seminars according to ICW/PersCert TÜV

#### 3.1. Data of the education and training institute (educational provider)

*✍ please complete in block letters*

<b>*Provider number:</b>		*will be assigned by the certification body in case of the first recognition	
<b>Name of the institute:</b>			
<b>Owner of the institute:</b>			
<b>Postal address:</b>			
<b>Country:</b>			
<b>Location if applicable:</b>			
Relevant information if the educational provider would like to admit several locations			
<b>Contact person:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Public e-mail:</b>			
<b>E-mail 2*:</b>			
*e-mail 2 for sending confidential content such as exams/audit evaluations if different from public e-mail			
<b>Web page:</b>			

#### 3.2. This application relates to the following qualification:

- New/first application, recognition shall take place from (date): \_\_\_\_\_
- Re-recognition after expiry of the five-year period from (date): \_\_\_\_\_
  - Basic seminar „Woundexpert ICW®“
  - Advanced seminar „Woundcare specialist ICW®“
  - Advanced seminar „Woundtherapist ICW®“
  - Basic seminar „Physician Woundexpert ICW®“ (can only be applied for to a limited extent)*

**If more than one seminar type is planned, one application form must be issued per seminar!**

### 3.3. Qualification of the seminar chairpersons/managers

Educational management	
Name:	
First name:	
Basic qualification: <input type="checkbox"/> Registered nurse	
<input type="checkbox"/> Other:	
<b>Educational qualification:</b> <input type="checkbox"/> Teachers for nursing profession, medicine or nursing educator * <input type="checkbox"/> Qualification certificates and professional biography are attached <input type="checkbox"/> Proof/registration of participation in the management seminar "basics" (train the trainer) <input type="checkbox"/> In case of application for the seminar Woundcare specialist ICW®/Woundtherapist ICW®: Participation documents of the corresponding trainer seminar are attached	

*To be filled in by the educational management:*

<input type="checkbox"/> I confirm that I will carry out the educational management function of the requested seminar.		
Name:		Signature educational management
Place:		
Date:		

\* A pedagogical/educational qualification for nursing teacher according to the level 6 EQF (European qualification framework) is needed

Deputy educational management (optional)	
Surname:	
First name:	
Basic qualification: <input type="checkbox"/> Registered nurse	
<input type="checkbox"/> Other:	
<b>Educational qualification:</b> <input type="checkbox"/> Teachers for nursing profession, medicine or nursing educator * <input type="checkbox"/> Qualification certificates and professional biography are attached <input type="checkbox"/> Proof/registration of participation in the management seminar "basics" (train the trainer) <input type="checkbox"/> In case of application for the seminar Woundcare specialist ICW®/Woundtherapist ICW®: Participation documents of the corresponding trainer seminar are attached	

*To be filled in by the deputy educational management:*

<input type="checkbox"/> I confirm that I will carry out the educational management function of the requested seminar.		
Name:		Signature deputy educational management
Place:		
Date:		

\* A pedagogical/educational qualification for nursing teacher according to the level 6 EQF (European qualification framework) is needed

Professional management	
<b>Surname:</b>	
<b>First name:</b>	
<b>Basic qualification:</b> <input type="checkbox"/> Registered nurse <input type="checkbox"/> Physician (human med.)	
<input type="checkbox"/> Other:	
<b>Professional qualification:</b>	
<input type="checkbox"/> Specialist qualification in the subject area of "chronic wounds" based on relevant practical professional knowledge/experience and further training(s) on the subject of chronic wounds completed with a recognised specialist association <input type="checkbox"/> Certificates of qualifications and short professional biography attached <input type="checkbox"/> Proof/registration of participation in the management seminar "basics" (train the trainer) <input type="checkbox"/> When applying for the seminar Woundtherapist ICW®/Woundcare specialist ICW®: Proof of participation in the corresponding trainer seminar attached	

*✍ To be filled in by the professional management:*

<input type="checkbox"/> I confirm that I will carry out the educational management function of the requested seminar.		
<b>Name:</b>		Signature professional management
<b>Placed:</b>		
<b>Date:</b>		

Deputy professional management (optional)	
<b>Surname:</b>	
<b>First name:</b>	
<b>Basic qualification:</b> <input type="checkbox"/> Registered nurse <input type="checkbox"/> Physician (human med.)	
<input type="checkbox"/> Other:	
<b>Professional qualification:</b>	
<input type="checkbox"/> Specialist qualification in the subject area of "chronic wounds" based on relevant practical professional knowledge/experience and further training(s) on the subject of chronic wounds completed with a recognised specialist association <input type="checkbox"/> Certificates of qualifications and short professional biography attached <input type="checkbox"/> Proof/registration of participation in the management seminar "basics" (train the trainer) <input type="checkbox"/> When applying for the seminar Woundtherapist ICW®/Woundcare specialist ICW®: Proof of participation in the corresponding trainer seminar attached	

*✍ To be filled in by the deputy professional management:*

<input type="checkbox"/> I confirm that I will carry out the educational management function of the requested seminar.		
<b>Name:</b>		Signature deputy professional management
<b>Place:</b>		
<b>Date:</b>		

### 3.4. Realisation of the course

The seminar must be conducted in accordance with the guidelines of the respective curriculum of the ICW seminar type and the normative documents and examination regulations of the ICW/TÜV certification body.

### 3.5. Teachers for further training

At least three lecturers are required, none of whom must attend more than half of the teaching units (TU). Proof of **professional experience, current activities** and suitability for the subject matter must be provided (please attach the lecturers list and the individual certificates in the annex).

Lecturers must not be employed by a company that manufactures products related to the subject of the course. All lecturers must present in a product-neutral manner and may not represent any one-sided interests. The lecturers can be found in the attached timetable.

- The required number of suitable lecturers is available (list of lecturers).
- The provider provides the instructors with the specifications for the preparation of seminar documents which are taken into account for the ICW/TÜV certification.
- A record is kept in which the lecturers confirm the lessons provided by signature (e.g. class register).

### 3.6. Premises and technical equipment:

Intended number of participants:	(max. 25)
<input type="checkbox"/> Seating capacity of at least 2 m <sup>2</sup> per participant at tables is provided	
Available technical equipment:	
Is there internet access available for research:	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3.7. Participants

- The participants are supervised organisationally/professionally by the educational institute.
- Accommodation options are suggested to the participants (e.g. hotel list).
- Participants submit their professional evidence (professional certificate) and personal data if necessary.
- In the participant agreement the participants confirm their knowledge of the requirements of ICW/TÜV personal certification such as curriculum, examination regulations, recertification and position paper by signing.
- The participants will receive the following seminar documents for the course contents which are suitable for exam preparation:
  - Scripts/presentations of the individual lecturers on the course contents  Printed copy  EDP version
  - The following textbook: \_\_\_\_\_  
The Study Book Woundexpert ICW® is... (only relevant for Woundexpert ICW® application)
  - only used internally  recommended to participants  handed out to all participants.
- The following additional literature is recommended for participants:  
\_\_\_\_\_  
 Current literature (expert standards, reference books...) is also displayed.
- A representative number of products from different manufacturers are displayed as illustrative material.
- A list of participants is kept, which documents the attendance of the participants.

### 3.8. Examination committee

The examination committee must consist of at least two persons **the chairperson and the deputy**.

Should the examination supervision be carried out by a person other than the examination board, this person must be instructed in accordance with the examination instruction form and registered with the certification office.

Chairperson of the examination committee	
<b>Surname:</b>	
<b>First name:</b>	
<input type="checkbox"/> Qualification listed in the lecturers and chairpersons list	
<input type="checkbox"/> Certificates are attached <input type="checkbox"/> Certificates are available at the certification body	

Deputy chairperson of the examination committee (optional)	
<b>Surname:</b>	
<b>First name:</b>	
<input type="checkbox"/> Qualification listed in the lecturers and chairpersons list	
<input type="checkbox"/> Certificates are attached <input type="checkbox"/> Certificates are available at the certification body	

Lecturer	
<b>Surname:</b>	
<b>First name:</b>	
<input type="checkbox"/> Qualification listed in the lecturers and chairpersons list	
<input type="checkbox"/> Certificates are attached <input type="checkbox"/> Certificates are available at the certification body	

Deputy lecturer (optional)	
<b>Surname:</b>	
<b>First name:</b>	
<input type="checkbox"/> Qualification listed in the lecturers and chairpersons list	
<input type="checkbox"/> Certificates are attached <input type="checkbox"/> Certificates are available at the certification body	

### 3.9. Attachment

This application is accompanied by the following document:

- Recognition agreement (three signed copies by post)
- Sample of the course advertising/flyer (approval of the certification board is needed to publish)
- Sample participant agreement (see point 8)
- Listing of lecturers using the form "Lecturers and chairpersons list"
- Proof/professional biographies of the seminar management and of the examiners
- Proof of seminar management at the trainer the trainer seminar
- Detailed timetable for the seminar requested under point 2. This corresponds to the specifications for timetabling according to the curriculum
- Timetable-related proof of the time presence/availability of the management
- Scripts or presentations of the teaching content on data media from which the teaching topic is shown (see templates seminar documents)



### 3.10. Other

After successful recognition, the education and training institute receives a certificate of recognition which is limited to five years.

After this period, the recognition expires and must be reapplied for at least three months before expiry.

The education and training institute is obligated to use the templates assigned by the "ICW/TÜV Certification Body" for the examination, including the examination transcript, as well as for work shadowing/clinical practice. The certification body prepares the final certificates based on the examination transcripts and sends them to the education centre.

### 3.11. Recognition fee

The recognition fee of 550.00 € plus VAT is charged for five years if the application is approved after a one-time processing.

Should an evaluation of the application documents show that further reworking and adjustments are necessary, an additional fee of 110.00 € plus VAT will be charged for the increased processing time.

In addition, a fee of 525.00 € plus VAT is due once in five years if an audit has taken place. This is usually carried out without announcement.

In case the applicant withdraws the application, 110.00 € plus VAT will also be charged.

With the data mentioned on page 1 we would like to be included in the lists of the ICW/TÜV Recognition and Certification Body and be published on its homepage.

If any data changes, the recognition, and certification body will be informed within 4 weeks

### Signatures of the applicant

(Authorised signatory of the education and training institute/educational provider)

Surname:		Signature  Stamp of the education provider
First name:		
Place:		
Date:		