# Information on re-certification of participants by educational providers

All certificates of ICW/TÜV personnel certification are limited to five years. The requirements for a re-certification of participants (graduates) are regulated in the corresponding document "Re-certification information and application for participants". In principle, the graduate is solely responsible for the re-certification.

## 1. Can the re-certification of the participants be done by the educational provider?

There are two different ways how participants can apply for re-certification:
- as an individual for themselves (common practice)
- via an educational provider offering this service

As a special service for its customers (course graduates/participants) the educational provider can apply for the re-certification when the certificate expired after five years. A member of the examination committee examines the participant's documents and confirms their validity formally to the joint certification body. This corresponds to the procedure for sending in the examination transcript and takes place in the same way.

## 2. How is the re-certification of participants to be implemented?

- Ask the participant to fill in the marked part of the form as application.
- Check all certificates of further training in the form of certificates of participation in further training courses as well as the professional certificate (basic qualification, e.g. registered nurse, doctor).
- Fill in the list of further trainings according to the certificates for the five-year period.
- Enclose a **copy** of the previous **certificate.**
- Send the completed **application to the address of TÜV**
  perscert-icw@de.tuv.com

## 3. Application form for the re-certification of graduates by educational providers
  (see annex)

## 4. List of further trainings for the re-certification of graduates by educational providers
  (see annex)

# Application re-certification for participants/graduates

**To be filled in by the educational provider:**

| | |
|---|---|
| **Provider number:** | |
| Name of institution: | |
| Street: | |
| City | |
| Postal code: | |
| Country: | |
| E-mail: | |

**We apply for the re-certification of the following graduates see attached excel list!**

| | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|
| 1 | gender | surname | first name | Bitrh Day | certificate number | valid date | total points |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

**Confirmation**

☐ The graduates have submitted the complete original of the individual certificates which attest the points earned for re-certification.

☐ The required basic qualification was certified by all (e.g. nursing specialist).

☐ Any medical certificate required was presented.

☐ For each graduate, the signed application and the previous certificate are enclosed.

**Billing address**

☐ Send the invoice for the re-certification of graduates collectively to the above address of our educational institute

☐ We are aware of the current fees for re-certification

| Place: | | Date: | |
|---|---|---|---|
| Applicant's name in block letters and signature: | | | |
| | | | |

# List of further trainings – re-certification of graduates

**Re-certification is applied for:**

☐ Woundexpert ICW®          ☐ Physician Woundexpert ICW®
☐ Woundtherapist ICW®

| Certificate number: | |
|---|---|

☐ Mrs  ☐ Mr  ☐ X-Gender    academic degree if applicable (e.g. Dr or Prof)

| Surname: | |
|---|---|
| First name: | |

| Different name of birth if applicable: | |
|---|---|

| Street: | |
|---|---|

| City: | | Postal code: | |
|---|---|---|---|

| Country: | |
|---|---|

| Date of birth: | |
|---|---|

☐ Herewith, I authorise the educational provider to apply for my re-certification.

| **Date:** | | **Signature graduate:** | |
|---|---|---|---|

**To be filled in by the educational provider:**

The person mentioned above has provided a proof of the following further training events:

| Date of further training | Type of event<br>a) Attendance further training<br>b) E-learning (online course, web seminar)<br>c) Work shadowing/clinical practice (in certified institution approved by the certification body) | Registration number<br><br>according certification body e.g. 2024-R-I-00 | Re-certification points<br><br>according certification body |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total points during the five-year validity of the certificate: | | | |
| Place: | | Date: | |
| Applicant's name in block letters and signature: | | | |
| | | | |