

Application for recognition and information

**ICW/TÜV
2026**

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:

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-certification
- Normative document educational provider
- Position paper
- Creation of teaching and learning material for ICW seminars (notes on seminar documents)

All these points are covered in the management seminar “basics”/train the trainer.

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:

- **Completed application form**
- **Signed recognition agreement**

Attach the following documents to the application:

- **Course announcement/advertising** (flyer, internet advertising...) according to current requirements from the curriculum and the normative document. Flyers and advertisements may only be published after approval by the certification body.
- **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. Tip: Include in the agreement that you may offer parts of the lessons as a web seminar or convert them into online lessons. Every participant will need a suitable end device, as well as the camera function activated all the time.
- **Lecturers:** Overview of planned lecturers per teaching unit according to the form "Lecturers and chairpersons list".

You can find detailed information on instructor qualifications in the normative document educational provider.

Examples of qualifications for specific topics:

Wound care	Registered nurse, Woundcare specialist ICW [®] , specialist for general surgery, Physician Woundexpert ICW [®]
Hygiene	Registered nurse, hygiene specialist, microbiologist, hygiene representative
Nutrition	Dietitian, ecotrophologist, nurse with qualification in nutrition management ...
DFS (depending on sub-themes)	Diabetologist, registered nurse plus diabetes advisor & Woundexpert or Woundcare specialist ICW [®] , podiatrist, orthopaedic technician, participation in the trainer seminar ICW "DFS"...
Education	Nursing teacher/educator, registered nurse with qualification as practice instructor, Woundcare specialist or Woundtherapist ICW [®] ...
Pain	Pain Nurse, Intensive Care Nurse, algological assistance, anesthetist, specialist nurse for anaesthesia
Law	Lawyer
Finances	Physician, registered nurse, physician assistant with specialization, nursing manager/head of care

It is not permitted to have company lecturers teach topics related to their products. Lecturers may not benefit from the sale of products through teaching.

- **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 seminar concept.

The educational qualification is teacher for nursing profession, medicine or nursing educator. For the professional management, a professional qualification in the field of “chronic wounds” is required, based on relevant practical professional knowledge/experience as well as further training in the field of chronic wounds, which has been completed at a recognized professional association.

- o **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.
- o **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

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

*Provider number:		*will be assigned by the certification body in case of the first recognition	
Name of the institute:			
Owner of the institute:			
Postal address:			
Country:			
<i>If applicable, different institution:</i>			
<i>If applicable, different location:</i>			
Relevant information if the educational provider would like to admit several locations			
Contact person:			
Phone:		Fax:	
Public e-mail:			
E-mail 2*:			
*e-mail 2 for sending confidential content such as exams/audit evaluations if different from public e-mail			
Web page:			
Certificate of Recognition for Woundexpert ICW® valid until:			
<input type="checkbox"/> Further contact details in accordance with the application for the Woundexpert ICW®			
<input type="checkbox"/> Further contact details deviating from the Woundexpert ICW® application:			

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:	
Educational qualification: <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:	
Educational qualification: <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	
Surname:	
First name:	
Basic qualification: <input type="checkbox"/> Registered nurse <input type="checkbox"/> Physician (human med.)	
<input type="checkbox"/> Other:	
Professional qualification:	
<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.		
Name:		Signature professional management
Placed:		
Date:		

Deputy professional management (optional)	
Surname:	
First name:	
Basic qualification: <input type="checkbox"/> Registered nurse <input type="checkbox"/> Physician (human med.)	
<input type="checkbox"/> Other:	
Professional qualification:	
<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.		
Name:		Signature deputy professional management
Place:		
Date:		

3.4. Teachers for further training

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

- The attached lecturers and chairpersons list shows their current position, professional background and specific suitability for the subject matter. Where applicable, individual references are attached.
- The seminar provider passes on the specifications for creating seminar materials and the respective curriculum to the lecturers.
- A record is kept in which the lecturers confirm the lessons provided by signature in the class register.

3.5. 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.

A detailed timetable – curricular version – is to be prepared with all the details. The seminar managers will each take on teaching units according to the attached timetable.

3.6. Premises and technical equipment:

Intended number of participants:		(max. 25)
<input type="checkbox"/> Seating capacity of at least 2 m ² 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 (curriculum including examination regulations, normative document, 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 text book:

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	
Surname:	
First name:	
<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)	
Surname:	
First name:	
<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	
Surname:	
First name:	
<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)	
Surname:	
First name:	
<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. 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.

3.10. Recognition fee

The recognition fee of 570.00 € for initial recognition and 355.00 € for re-recognition for five years is charged 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 155.00 € will be charged for the increased processing time.

In addition, a fee of 535.00 € is due once in five years if an audit has taken place. This is usually carried out without announcement.

- We agree to the schedule of fees, see [https://t1p.de/zst_forms EN GB BA](https://t1p.de/zst_forms_EN_GB_BA)
- 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
First name:		Stamp of the education provider
Place:		
Date:		

3.11. 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)