Ostomy Management Specialist Certification
Course Registration and Course Information

Instructions:

1. Complete and print out the attached application form.
2. Important - Items 1-10 must be completed to be considered for certification eligibility. The course attendee will not be approved to sit for the certification examination if there is any missing or incomplete information on these documents.
3. Submit completed application with payment to:

   The University of Louisiana at Monroe
   Continuing Education
   700 University Avenue
   Library 109
   Monroe, LA 71209

Payment:

Price: $2597.00 WCC or DWC Certified Applicants

$2997.00 Non-Certified Applicants

If paying by check, make check payable to University of Louisiana and submit with application.

If paying by credit card, you may submit payment:

1) Online at www.ce.ulm.edu
2) Call 318.342.1030 and submit payment over the phone.
3) In person, at Continuing Education Department Room "University Library 109"

Course Location

University of Louisiana at Monroe
700 University Avenue
Monroe, LA 71209
Room Number:

Course Info

DATE: November 6-10, 2017

Registration/Check-In on Monday from 8:00am-9:00am

Class training sessions will be held Monday - Thursday, 9:00-4:30pm and are taught by the Wound Care Education Institute® instructors.

Wound Care Certification examination will be given on Friday 8:00am by the National Alliance of Wound Care and Ostomy®.

- Participant must attend all class sessions to be eligible for certification examination.
- Participant must complete the Online Pre-Modules to be eligible for certification examination.
- Participant must attend all class sessions to be eligible for continuing education credits.
- Registration fees cover all class materials.

Find out more information about the Wound Care Education Institute® at www.wcei.net
Find out more information about the National Alliance of Wound Care and Ostomy® at www.nawccb.org

WOUND CARE EDUCATION INSTITUTE®

Submit completed application & fees to ULM:
Mail: ULM - Continuing Education
700 University Ave - LIB 109
Monroe LA 71209
Fax: 318-342-1451

Ostomy Management 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

WCEI® COURSE LOCATION:

City / State: **ULM - Monroe LA**

Week of: **November 6-10, 2017**

SELECT REGISTRATION TYPE:

Due to the Pre Module In-Home Requirements

Pre module in-home study takes 15-30 hrs please sign up early to have enough time prior to taking the live course onsite to be successful with the exam

Registration Type (See Above)	Cost per Person	Total
Individual **WCC® or DWC** Registration	$2597.00	
Individual **REGULAR** Registration	$2997.00	
Make Checks or Money Orders Payable to ULM - Continuing Education	**TOTAL DUE**	

CREDIT CARD AUTHORIZATION: (Please print all information legibly)

Attendee Name (First, Middle, Last)

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

I authorize the following 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**

NATIONAL ALLIANCE OF WOUND CARE AND OSTOMY®

OMS EXAMINATION APPLICATION

Missing or incomplete Information will delay Application processing

National Alliance of Wound Care and Ostomy®

1. PRINT NAME: (As listed on your Professional License)

LAST: FIRST: MIDDLE:

2. MAILING ADDRESS:

STREET:

3. DATE OF BIRTH:

MM/DD/YYYY:

CITY: STATE / PROVINCE: COUNTRY: ZIP / POSTAL CODE:

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. PRIMARY PLACE OF EMPLOYMENT:

☐ Hospital ☐ Outpatient ☐ Long Term Care

☐ Education ☐ Home Care ☐ Administration

☐ Sales ☐ Independent Consultant

7. ADA ACCOMMODATION:

☐ YES

Special arrangements will be necessary for me to complete the examination.
(If yes, contact NAWCO® for instructions.)

8. EXAMINATION TYPE:

☑ On Site at WCEI® Ostomy Management Course

Course Location: ULM - Monroe LA

Course Dates: November 6-10, 2017

☐ An acceptance letter and NAWCO® Candidate Handbook will be emailed to you with your WCEI® course confirmation.

Office Use Only:

ELG: Y N

ACT: Y N

DISP: Y N

VER DT: _____ BY: _____

ID: _____

NATIONAL ALLIANCE OF WOUND CARE AND OSTOMY®

OMS EXAMINATION APPLICATION page 2
(You may make copies of this page as needed to document required experience)

National Alliance of Wound Care and Ostomy®

9. WORK EXPERIENCE VERIFICATION
Complete the following sections to document required licensed professional work experience equivalent to one year full-time within the last 5 years.

Candidate's Name: (Please Print) _____

Employer Name: _____

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

☐ Current Employer

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ ☐ Full Time ☐ Part Time

You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

Employer Name: _____

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

☐ Current Employer

Employment Dates: From _____ - _____ - _____ to _____ - _____ - _____ ☐ Full Time ☐ Part Time

You Must Specify Full or Part Time

Supervisor Name: _____ Supervisor Telephone #: _____

10. AGREEMENT AUTHORIZATION and CERTIFICATION INFORMATION RELEASE

I hereby affirm that I am currently and actively 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® OMS Certification Directory, in print and electronic versions of a worldwide directory of NAWCO® OMS 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