Thank you for your interest in Wound, Ostomy, and Continence Nursing Education.

Here’s our Application-to-Admission Process:

* Admission to our program requires all of the elements listed on the next page. When all of these items are received in our office your application will be reviewed by our Admissions Committee.
* After Admissions Committee approves the application, your Sponsored Account with Emory University is established. This also creates your Emory Email account.
* You will receive an email (via your personal email account) from one of our Admin Team notifying you about your Emory Email account. You will be asked to send a reply via your Emory Email account. You will also need to establish your new Password at this time.
* During this “processing period” you’ll want to be certain you have paid for at least one of your study modules.
* Upon completion of all these steps, you will be added to the next Cohort of students so you can begin your studies. Cohorts begin on the 1st or the 15th of each month.

[NOTE: The Application-to-Admission Process can take up to 6 weeks to complete.]

While waiting for your acceptance into the program, here are a few items you may want to note:

**Access, Disability Services & Resources**
Documentation of disabilities which require alteration in testing time allotment must be submitted through the Emory University Office for Disabilities Services:
http://www.ods.emory.edu/students/index.html

**Program Expectations, Refund Policy, etc.**
Utilize the Emory University WOCNEC Catalog for this information.

Thank you for your interest! We look forward to helping you achieve your education in Wound, Ostomy, and Continence Nursing.

**Emory University WOCNEC Team**
MY CHECKLIST for ADMISSION  
to the WOC Nursing Education Program

ITEM 1--APP
☐ APPLICATION—all pages completed
☐ Copies items as indicated: RN license, certificates, etc.
☐ OFFICIAL Transcripts requested from previous educational institutions
☐ CV or Resume
☐ Attestation Document Page 3 Signed
☐ International Applicant: page 4 read and signed

ITEM 2—HCP (Honor Code & Permissions)
☐ Honor Code Document Signed
☐ Permissions Document Signed

ITEM 3—CPP (Clinical Preceptorship Plan)
☐ Clinical Preceptorship Form Completed

ITEM 4—PPP (Photo Permissions Page)
☐ Passport Photo
☐ Photo Permission Document Signed

OTHER ITEMS to assure speedy admission process
We only accept credit card payments for our fees. All fees are paid through our website: www.woc nec.org
☐ Application Fee Paid—US$200 non-refundable
☐ First Module Paid—US$1500
☐ Other Modules—US$1500 each ($6000 for Wound, Ostomy, Continence, and Professional Practice Modules).

NOTE: If your Employer/Agency is paying tuition fees:
☐ Request W-9 information for your employer. (Payment must be received prior to Admission to the program.)
Application for Admission to
Emory University WOCNEC Program

Date Rec’d____________________

I. Personal Demographic Data:

Name: __________________________________________________________

Last                           First              Middle/ Maiden              Professional Designations

DOB: ____________    SS# (Last 4 digits ONLY): ____________

Home Address: ______________________________________________________

Street Address                                      Apartment #

__________________________  ____________________________

City                                                                              State

Zip Code: ____________-__________ (9-digit Zip Code REQUIRED)

USE: tools.usps.com/go/ZipLookupAction!input.action

Primary Phone #: _____________________  Secondary Phone #: _____________________

(Work/Home/Cell)      (Work/Home/Cell)

E-mail: ___________________________________________________________

(Once accepted you will be given an Emory email address which will be used for your
educational communications)

Name of Person to Notify in Case of Emergency: ____________________________

Primary Phone #: _____________________  Alternate: ____________________________

Place of Employment: ___________________________________________________

Applying for: (Check): ☐ Traditional Onsite ☐ Split-Option ☐ Distance Learning/Online
☐ Audit

Preferred Start Date: ________________________________________________

Scope (check all that apply):

☐ WOUND  ☐ OSTOMY  ☐ CONTINENCE

(NOTE: Professional Practice Module is required unless you have previously completed with a
WOCN® accredited WOC Nursing Education Program.)

Emory University WOCNEC Application 04/2015
II. Educational Experience Post High School

Please have your Official Transcript from Baccalaureate Program sent to:
Emory University WOCNEC
1762 Clifton Road NE, SUITE 2200
Atlanta, GA 30322-4001

If your baccalaureate is not in nursing, you must also have the transcripts from your nursing program (ADN or diploma) mailed to the address listed above.

INTERNATIONAL APPLICANT: Note Transcript Requirements as listed on page 4.

Please list all names that may appear on transcripts (maiden name, etc.)

________________________________________________________________________
________________________________________________________________________

III. Professional Information:

Current RN Licensure:

<table>
<thead>
<tr>
<th>State</th>
<th>Number</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

☐ Copy of your Current RN License Attached (write ‘VOID’ for added security),
OR List the link to RN Verification website for your State Board of Nursing:

________________________________________________________________________

Do you have any active or pending investigations pertaining to your nursing license? ☐Yes ☐No

Has your nursing license ever been restricted or revoked? ☐Yes ☐No

Curriculum Vitae (CV)/ Resume:

☐ Copy of CV/Resume is attached

Experience (chose one):

☐ I attest that I have the following experience:
  ☐ One year of RN clinical nursing experience following RN licensure
  ☐ I have been clinically active with the past 5 years.
  ☐ I have completed a Nurse Refresher Course within the past 5 years.
    (I have attached documentation to verify this.)

Are you currently certified by the WOCNCB?

If yes: check all that apply; ☐ CWCN ☐ CWON ☐ COCN ☐ CCCN

☐ WOC Nursing Education Program Attended:

________________________________________________________________________

Emory University WOCNEC Application 04/2015
Attestation

I hereby certify that this complete application information is correct. I understand that any misrepresentation or omission of facts called for on this application is cause for cancellation of the application or expulsion from the program.

Printed Name

Signature Date

(Typing my name in this section indicates I have signed this electronically.)
INTERNATIONAL APPLICANTS

1. International students are required to have a baccalaureate degree (or equivalent of a baccalaureate degree).

2. NON-ENGLISH TRANSCRIPTS must be translated and evaluated for equivalency to a baccalaureate degree.

3. Translations and Equivalency accepted ONLY through World Education Services, website: http://www.wes.org/

4. Personal Health Insurance, You MUST BE COVERED with personal health coverage for the entire time you are in the United States.

5. If English is not your primary language then we want to clarify that this is a VERY INTENSE program, with many classroom hours and that ALL INSTRUCTION IS IN ENGLISH. Minimum score of 550 on the TOEFL (Test of English as a Foreign Language) is REQUIRED.

   Georgia Institute of Technology offers a course titled ‘Intensive English In The USA’. Website: http://www.esl.gatech.edu/iep/intensive-english-programs

6. For list of documentation needed to process Visitor VISA visit Emory University’s International Student & Scholar Programs at: http://www.emory.edu/isss/

**Please note it takes a minimum of 5 – 6 months to obtain a visa!!!!**

My signature below indicates that I have read the information above, and acknowledge that I understand the following:

1. I am not eligible to have clinical experiences within the United States.
2. I am not eligible for the J-1 Visa for the WOCNEC program.
3. I am responsible for acquiring my own Visitor’s Visa into the United States in order to attend Bridge Week.
4. I am responsible for working with Emory University’s WOCNEC to find acceptable clinical experiences to fulfill the expectations for completion of the program.

I have reviewed and understand the visa requirements for the WOCNEC.

__________________________________________________________________________
Printed Name

__________________________________________________________________________
Signature                                                                                               Date

(Typing my name in this section indicates I have signed this electronically.)
Emory University WOCNEC Program
HONOR CODE and PERMISSIONS

**Honor Code:** Students attending any program within Emory University’s Wound, Ostomy, and Continence Nursing Education Center are expected to submit assignments that they and only they have completed. Students are to report any case of cheating.

__________________________________________________________________________
Printed Name
__________________________________________________________________________
Signature                                                                                               Date
(Typing my name in this section indicates I have signed this electronically.)

**********************************************************************
I hereby grant Emory University WOCNEC Permission to include my name, address, email, passport photo, employment affiliation and phone number on a list to be shared with the following entities: (initial beside each area)

Fellow students enrolled in the program               Initial _____
The WOCN® Society                              Initial _____
Vendors of WOC Nursing Related Industry who have been vetted by Emory University WOCNEC             Initial _____
(Initials are accepted in same manner as electronic signature.)

__________________________________________________________________________
Printed Name
__________________________________________________________________________
Signature                                                                                               Date
(Typing my name in this section indicates I have signed this electronically.)

**********************************************************************
Please share with us:

**How did you hear about our program?** (Check all that apply)

☐ WOCN/JWOCN
☐ Another WOC (ET) Nurse
☐ Industry Representative
☐ Advertisement: Specify_____________________________________
☐ Other: Specify_____________________________________

Emory University WOCNEC Permissions 04/2015
Emory University WOCNEC Program
PHOTO REQUIREMENT

Must be a **Passport photo** on white background for your Emory Student Identification card for your clinical time. You may send this photo via mail to the WOCNEC office with your application OR email to Bridget Burke at Bridget.Burke@emory.edu.

**Photo Permission and Release Form** *(This form must be signed and returned to our office BEFORE you are admitted to the program and placed into a cohort.)* Emory University WOCNEC occasionally uses photographs of students and events in its publications and on its website, Facebook. Please sign this release form to grant Emory University WOCNEC permission to use your photo or video images.

I hereby give my unconditional permission to Emory University WOCNEC to use photographic or video images taken of me and release them for the purposes of promoting, publicizing and advertising Emory University WOCNEC and its programs, collections and services. I expressly release Emory University WOCNEC from any claim for financial compensation now and in the future arising out of the use of the photographic images in accordance with this permission and release. I expressly acknowledge and agree that all rights in the said photographs including the copyright therein and the ownership of the physical negatives and/or digital images belong to Emory University WOCNEC.

I understand that Emory University WOCNEC may use these images in newspapers, newsletters, brochures and other material, and also on the Emory University WOCNEC Web Site and I expressly authorize such use. I also expressly authorize Emory University WOCNEC to grant to others the right to use the photographic images so long as it is for the benefit of Emory University WOCNEC and in a manner which is controlled and authorized by the Emory University WOCNEC.

I acknowledge the right of Emory University WOCNEC and give express permission to Emory University WOCNEC to crop or alter the image(s) at its discretion. I acknowledge that the Emory University WOCNEC may not use the image(s) at this time, but may choose to do so at a later date and also expressly authorize such later use. I also understand and acknowledge that once this image is posted on Emory University WOCNEC Web Site, the image can be downloaded.

I agree to indemnify and hold harmless Emory University WOCNEC from any claims arising from such activities and expressly include within the scope of this indemnity and release the following persons: Emory University; Nell Hodgson Woodruff School of Nursing; and/or Emory University’s WOCNEC staff or faculty.

I hereby grant permission to the Emory University WOCNEC to use video content/images of me as outlined above. I certify that I am over 18 years of age.

Printed Name

Signature Date

(Typing my name in this section indicates I have signed this electronically.)
Clinical Preceptor Requirements

The Emory University WOCNEC requires **dual scope and full scope students** to have at least **two (2)** different preceptors and/or clinical sites **two (2)** in order to get different perspectives and to assure exposure to the full scope of practice. **Single Scope only requires one (1) preceptor**.

A: Identify preceptor in your area and check their availability to precept you. A preceptor will require the following credentials:

1. RN with a Baccalaureate Degree
2. Current Board Certification through WOCNCB®.
3. At least one (1) year of fulltime clinical experience as a WOC Nurse after certification
4. Sufficient patient census to provide needed learning experiences--this is defined as about 5 patients/day for a Home Health experience, and 6-8 patients/day for an acute care or long-term care facility.

If they are interested and available, you will need to notify us of your intended preceptors. We will then send your potential preceptors an application to serve as offsite preceptor. You will be notified when your preceptors are approved.

B. **Most clinical sites require an Affiliation Agreement (contract) with Emory University.**
When you send us your list of intended preceptors, we will initiate contact with the agency to determine their contractual requirements, and we will work with the appropriate individuals in the agency to establish a contractual agreement. **Establishment of a clinical contract can take as long as 6 months**, so it is critical for us to get your preceptor list as soon as possible. If your preceptor has identified that you do not need such an agreement, please submit that to us in writing on the company’s letterhead.

C. **Hours**: Full-scope (Wound, Ostomy, and Continence) students are required to obtain 120 hours of clinical with an approved preceptor, and specialty course students are required to obtain 40 hours per specialty course.

D. **Specific Experiences**: In addition to the requirement for a specific number of hours with approved preceptors, your clinical experience needs to provide all of the following:

- **Wound students**: experience with trunk wounds and lower extremity wounds. Most students need to arrange for experience in an acute care or long-term care setting (for trunk wounds) PLUS an outpatient wound clinic or home health setting (for lower extremity wounds)—1-2 days in this setting.

- **Ostomy students**: at least 3 – 4 days of focused ostomy clinical. It is ideal to obtain experience with both standard and continent diversions; however, it is not always possible to arrange experience with continent diversions. The required experience is with standard diversions.

- **Continence students**: at least 2 days of clinical focused on restorative continence care (in-depth assessment, behavioral management, surgical intervention, biofeedback, etc.) If your primary clinical sites do not provide this experience, your primary preceptor may be able to coordinate appropriate learning experiences with clinicians/facilities in your area. (The coordinating preceptor must be certified in continence care.)
### Projected Clinical Preceptorship Plan

#### STUDENT INFORMATION:

Name: ___________________________  BSN  BS in ___ w/ADN  Other ________  
Phone #: ___________________________  Email: ___________________________

#### CLINICAL SPECIALTY FOCUS (Check all that apply):

- [ ] Wound  
- [ ] Ostomy  
- [ ] Continence

I would like to arrange Clinical Preceptorship in metro-Atlanta area:  
- [ ] Yes  
- [ ] No

I have spoken with each person listed below:  
- [ ] Yes  
- [ ] No

#### PRECEPTOR #1

Name and Credentials: 
Best Daytime Contact #: ___________________________  
- [ ] WK  
- [ ] HM  
- [ ] CELL

Email #: ___________________________  
Employer: ___________________________

Has this person precepted for our program before?  
- [ ] Yes  
- [ ] No

Date Emailed: ___________________________  Statistics Expired: ___________________________  
Current Certification: ___________________________

Contract:  
- [ ] Yes  
- [ ] No  
Exp: __________  Name: ___________________________  Email: ___________________________

#### PRECEPTOR #2

Name and Credentials: 
Best Daytime Contact #: ___________________________  
- [ ] WK  
- [ ] HM  
- [ ] CELL

Email #: ___________________________  
Employer: ___________________________

Has this person precepted for our program before?  
- [ ] Yes  
- [ ] No

Date Emailed: ___________________________  Statistics Expired: ___________________________  
Current Certification: ___________________________

Contract:  
- [ ] Yes  
- [ ] No  
Exp: __________  Name: ___________________________  Email: ___________________________

#### PRECEPTOR #3

Name and Credentials: 
Best Daytime Contact #: ___________________________  
- [ ] WK  
- [ ] HM  
- [ ] CELL

Email #: ___________________________  
Employer: ___________________________

Has this person precepted for our program before?  
- [ ] Yes  
- [ ] No

Date Emailed: ___________________________  Statistics Expired: ___________________________  
Current Certification: ___________________________

Contract:  
- [ ] Yes  
- [ ] No  
Exp: __________  Name: ___________________________  Email: ___________________________