



EMORY

NELL HODGSON
WOODRUFF
SCHOOL OF
NURSING

Wound, Ostomy, and Continence Nursing Education Center

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 website for this information.

<http://www.nursing.emory.edu/centers-and-initiatives/wocnec/wocnec-refund-policy.html>

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

Emory University WOCNEC Team

Emory Nursing WOCNEC
17 Executive Park Drive NE, Suite 650
Atlanta, Georgia 30329-2227

Tel 404.778.4067
Fax 404.778.4778
wocnec@emory.edu
www.wocnec.org

Robert W. Woodruff Health Sciences Center
EEO/AA/Disability/Veteran Employer

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.wocnec.org

- Application Fee Paid—US\$200 *non-refundable*
- First Module Paid—US\$1650
- Other Modules—US\$1650 each (\$6600 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.)

COMPLETED APPLICATIONS MAY BE RETURNED VIA:

Email: wocnec@emory.edu (*scanned documents only*) or **Fax:** 404-778-4778

Mail: Emory University WOCNEC
17 Executive Drive NE, Suite 650
Atlanta, GA 30329-2227

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: <https://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)

Your Place of Employment: _____

Name of Person to Notify in Case of Emergency: _____

Primary Phone #: _____ Alternate #: _____

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

Preferred Start Date: _____

Modules of Study (check all that apply):

WOUND OSTOMY CONTINENCE PROFESSIONAL PRACTICE

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

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/iss/>

****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.)

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 W O C or 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Exp _____	Name: _____ Email _____

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 web site, 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.)