

Change notification for existing application

The change notification refers to education providers of wound seminars “ICW/TÜV” with valid recognition where there is a change in one of the following aspects.

1. Data of the education and training institute (education provider)

✍ please complete in block letters

Provider number	
Institute	
Address	
Country	
Contact	Phone: _____ Fax: _____ Email: _____

✍ Enter previous data!

2. The notification refers to the existing application for the...

- Basic seminar Woundexpert ICW®
- Basic seminar Physician Woundexpert ICW®
- Advanced seminar Woundtherapist ICW®
- Advanced seminar Woundcare specialist ICW®

Certificate-No.	valid until:
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3. Modification to be applied as from (date): _____

4. Modification refers to

- 4.1 Basic data of the provider
- 4.2 Cooperation
- 4.3 Educational management
- 4.4 Professional management
- 4.5 Examination committee
- 4.6 Other: _____

☞ Details of the modifications requested: (enter only relevant changes!)

4.1. Basic data of the provider

Name of the Institute:			
Owner of the institute:			
Contact:			
Phone:		Fax:	
Public email:		Email2*:	
*Email 2 for sending confidential contents such as exams/audit evaluations, if different			
Website:			
Postal address:			
Country:			

4.2. Changed cooperation

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4.3. New educational management

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Qualification

- Registered nurse Physician _____
- Additional pedagogical qualification
- Registered in the lecturers list Supporting documents are attached or already available
- Proof of participation in the corresponding trainer seminar attached

☞ To be filled in by the educational management:

- I confirm that I will carry out the educational management function of the requested seminar.

Place, date	Name in block letters plus signature

4.4. New professional management

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Qualification

- Registered nurse Physician _____
- Proven professional qualification in the field of wound care on the basis of practical professional knowledge/experience as well as additional further training on the subject of chronic wounds which was completed with a specialist association
- Registered in the lecturers list Supporting documents are attached or already available
- Proof of participation in the trainer seminar attached

☞ To be filled in by the professional trainer:

- I confirm that I will carry out the professional management function of the requested seminar.

Place, date	Name in block letters plus signature

4.5. Examination committee

☞ Please enter the complete name of the current examination committee if changes have been made!

4.5.1 Chairperson of the examination committee	
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Qualification

- Registered nurse Pharmacist Physician _____
 Additional pedagogical qualification
 Registered in the lecturers and chairpersons list Supporting documents are attached or
 already available

4.5.2 Deputy chairperson of the examination committee	
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Qualification

- Registered nurse Pharmacist Physician _____
 Additional pedagogical qualification
 Registered in the lecturers and chairpersons list Supporting documents are attached or
 already available

4.5.3 Lecturer	
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Qualification

- Registered nurse. Pharmacist Physician _____
 Additional pedagogical qualification
 Registered in the lecturers and chairpersons list Supporting documents are attached or
 already available

4.5.4 Deputy lecturer	
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Qualification

- Registered nurse Pharmacist Physician _____
 Additional pedagogical qualification
 Registered in the lecturers and chairpersons list Supporting documents are attached or
 already available

4.6. Other

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Place, date	Name in block letters plus signature (authorised signatory education and training institute)
Stamp of the education and training institute	

To be completed by the certification body:

- Change confirmed: Recognition and certification body, date: _____
 Modification rejected, date: _____

Reason:	
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Date	Initials
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