Insert logo of the institution (not provider logo ICW/TÜV!) if applicable.

Confirmation of participation

☐ Mrs ☐ Mr ☐ divers

Name: _____ First name/given name: _____

Date of birth: _____ Place of birth: _____

took part in the following seminar

☐ Woundexpert ICW®
☐ Woundtherapist ICW®
☐ Physician Woundexpert ICW®
☐ Woundcare specialist ICW®

Date from _____ to _____

Name of the educational provider: _____

According to the ICW curriculum the following contents were taught:

The seminar had a total of _____ teaching units (=TU[1]).
The participant was present at _____ TU.

This confirmation is not equivalent to a certification.

The participant is therefore not entitled to use the protected designation for certified degrees of the seminar type listed above.

Place, date: _____

_____ _____
Educational management Professional management Stamp of the institution

[1] one teaching unit (TU) is 45 minutes