

## Examination transcript

### 1. General data for the exam

The transcript refers to the certified seminars (graduations):

- |   |   |
|---|---|
| <input type="checkbox"/> Woundexpert ICW®                 | <input type="checkbox"/> Physician Woundexpert ICW® |
| <input type="checkbox"/> Woundtherapist ICW®              | <input type="checkbox"/> Woundcare specialist ICW®  |
| <input type="checkbox"/> Woundexpert medical student ICW® |   |

*✍ please complete in block letters*

<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Divers, if applicable title:
Name, first name/given name:
If relevant, a different birth name:
Date of birth, place of birth:
Teaching time of the seminar from: _____ to: _____
Provider of the seminar:

### Examining institution

- The examining institution is the provider at which the seminar was taken
- Examining institution is the certification body
- Parts of the examination were taken/evaluated by another provider or the certification body

### Examination of admission requirements

- The proof of the professional qualification as: \_\_\_\_\_ was provided to the educational institute.
- The proof of the licence to practise medicine (human medicine) was provided to the educational institute (only Physician Woundexpert ICW®).
- A valid Woundexpert ICW® certificate was presented to the educational institute (for Woundtherapist ICW®).
- A valid Woundtherapist ICW® certificate was presented to the educational institute (for Woundcare specialist ICW®).
- The graduate has attended at least 80% of the teaching units.
- The graduate has confirmed in writing that he/she is aware of the requirements for the examination and re-certification.

### Members of the examination panel

Chairperson of the examination committee:
Professional lecturer:
Examination supervisor:

(Repetition) Name, first name/given name: \_\_\_\_\_

## 2. Evaluation of the examination Woundexpert ICW®

### Part 1: Written exam

**Initial testing**  with the seminar provider  other: \_\_\_\_\_

Date of exam: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_

Evaluated by (name of the examiner): \_\_\_\_\_

**First repetition**  with the seminar provider  other: \_\_\_\_\_

Date of exam: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_

Evaluated by (name of the examiner): \_\_\_\_\_

**Second repetition**  with the seminar provider  other: \_\_\_\_\_

Date of exam: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_

Evaluated by (name of the examiner): \_\_\_\_\_

### Part 2: Case report/term paper

**First submission**

The examinee submitted the case report according to the specifications.

Paper receipt date: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_

Evaluated by (name of the examiner): \_\_\_\_\_

**First repetition**

The examinee submitted the case report according to the specifications.

Paper receipt date: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_

Evaluated by (name of the examiner): \_\_\_\_\_

**Second repetition**

The examinee submitted the case report according to the specifications.

Paper receipt date: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_

Evaluated by (name of the examiner): \_\_\_\_\_

**The work shadowing/clinical practice was proven in terms of content and time as required.**

**Further comments:**

\_\_\_\_\_  
\_\_\_\_\_

The examination has been  passed  failed.

*(To pass the examination, all parts of the examination must be completed with a minimum grade of 4.0, so in case of score 4 please indicate the decimal place!)*

Place

date

name and signature of the examining chairperson  
or deputy chairperson

(Repetition) Name, first name/given name: \_\_\_\_\_

### 3. Evaluation of the examination PWE, WT, WCS

- Physician Woundexpert ICW®  Woundtherapist ICW®  Woundcare specialist ICW®  
 Woundexpert medical student ICW®

#### Part 1: Written exam

**Initial testing**  with the seminar provider  other: \_\_\_\_\_  
Date of exam: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_  
Evaluated by (name of the examiner): \_\_\_\_\_

**First repetition**  with the seminar provider  other: \_\_\_\_\_  
Date of exam: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_  
Evaluated by (name of the examiner): \_\_\_\_\_

**Second repetition**  with the seminar provider  other: \_\_\_\_\_  
Date of exam: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_  
Evaluated by (name of the examiner): \_\_\_\_\_

#### Part 2: Colloquium

**Initial testing**  
 The examinee completed the colloquium according to the specifications.  
Date of colloquium: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_  
Evaluated by (name examiner 1): \_\_\_\_\_  
Evaluated by (name examiner 2): \_\_\_\_\_

**First repetition**  
 The examinee completed the colloquium according to the specifications.  
Date of colloquium: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_  
Evaluated by (name examiner 1): \_\_\_\_\_  
Evaluated by (name examiner 2): \_\_\_\_\_

**Second repetition**  
 The examinee completed the colloquium according to the specifications.  
Date of colloquium: \_\_\_\_\_  passed with grade \_\_\_\_\_  failed with grade: \_\_\_\_\_  
Evaluated by (name examiner 1): \_\_\_\_\_  
Evaluated by (name examiner 2): \_\_\_\_\_

**The work shadowing/clinical practice (only WT) was proven in terms of content and time as required.**

#### Further comments:

\_\_\_\_\_  
\_\_\_\_\_

The examination has been  passed  failed.

*(To pass the examination, all parts of the examination must be completed with a minimum grade of 4.0, so in case of score 4 please indicate the decimal place!)*

Place

date

name and signature of the examining chairperson  
or deputy chairperson

#### **4. Exam registration (to be filled in by the participant)**

I hereby register bindingly for the examination:

- Initial testing     First repetition     Second repetition

Graduation as:

- Woundexpert ICW®                       Physician Woundexpert ICW®  
 Woundtherapist ICW®                   Woundcare specialist ICW®  
 Woundexpert medical student ICW®

Place of the exam, date of the exam:

Educational provider:

##### **Personal details**

Mrs     Mr     Divers, if applicable title:

First name/given name:

Date of birth, place of birth:

Street; house number:

Postal code, town:

Country:

Email:

Phone:

##### **Admission requirements**

I have the following professional qualification or university degree:

I am studying medicine at university:

Matriculation number:

##### **Declaration by the applicant**

I hereby certify that the above information is correct.

I have taken note of the contents of the examination regulations and accept them by signature.

I authorise the personal certification body "PersCert TÜV" to store and use my personal data for the purpose of carrying out and maintaining the certification. The same applies to the verification of the certification towards third parties who have a legitimate interest.

PersCert TÜV is authorised to transmit my personalized examination result to the respective educational provider.

\_\_\_\_\_

Place, date

\_\_\_\_\_

signature

## 5. Notes on handling

### Completion of the form

- **All examinations** must be documented in a protocol, even for those of the participants who have failed after all possible repetitions.
- Please print the examination transcript as front and back or as double sheet. The first page and the page of the relevant seminar must be filled in.
- The signature of the **examination chairperson** or his/her registered deputy is required.

### Shipping

- The **completed test records** are sent to „**PersCert TÜV**“ in Berlin if possible as **a scan file by mail**.  
[perscert-icw@de.tuv.com](mailto:perscert-icw@de.tuv.com)
- If this is not possible, please use the attached form for postal delivery.
- Please mail or email exam transcripts **only once** and in a complete class set if possible.
- Keep a version of the exam transcript for your own records for at least **5 years**.
- For each participant (not per examination, but at the end of all parts) the examination transcripts **must be sent no later than 6 weeks after the last examination date**.

### Exam registration

- The exam registration must be issued **once** by **each course participant** (examinee) and sent to Pers Cert TÜV with the examination transcript. (Basic Data Protection Regulation/DSGVO). A copy is to be kept with the training provider for 5 years.

## 6. Cover letter form

*see appendix*

**Sender:** \_\_\_\_\_

To  
TÜV Rheinland Akademie  
PersCert TÜV  
ICW/TÜV – Personal Certification  
Alboinstraße 56  
12103 Berlin  
Germany

**Place, date:** \_\_\_\_\_

## Examination transcript

Dear Sir or Madam,

Please find attached

all examination transcripts for the completed seminar:

- |   |                       |
|---|-----------------------|
| <input type="checkbox"/> Woundexpert ICW®                 | seminar number: _____ |
| <input type="checkbox"/> Physician Woundexpert ICW®       | seminar number: _____ |
| <input type="checkbox"/> Woundtherapist ICW®              | seminar number: _____ |
| <input type="checkbox"/> Woundcare specialist ICW®        | seminar number: _____ |
| <input type="checkbox"/> Woundexpert medical student ICW® | seminar number: _____ |

For the examinations passed we (educational provider) apply for issuing the certificates for the attached examination transcripts.

For examinations that have not yet been completed, the transcripts are submitted subsequently, even in the case of a final fail.

Send the certificates to the address from the recognition application.

Send the certificates to the following address:  
\_\_\_\_\_

The billing address is the same as the address in the recognition application.

The billing address is different as follows:  
\_\_\_\_\_

\_\_\_\_\_  
*name, first name/given name and signature*