
Information on re-certification of participants by educational providers

All certificates of ICW/TÜV personnel certification are limited to five years. The requirements for a re-certification of participants (graduates) are regulated in the corresponding document “Re-certification information and application for participants“. In principle, the graduate is solely responsible for the re-certification.

1. Can the re-certification of the participants be done by the educational provider?

There are two different ways how participants can apply for re-certification:

- as an individual for themselves (common practice)
- via an educational provider offering this service

As a special service for its customers (course graduates/participants) the educational provider can apply for the re-certification when the certificate expired after five years. A member of the examination committee examines the participant's documents and confirms their validity formally to the certification body. This corresponds to the procedure for sending in the examination transcript and takes place in the same way.

2. How is the re-certification of participants to be implemented?

- Ask the participant to fill in the **marked** part of the form as application.
- Check all certificates of further training in the form of certificates of participation in further training courses as well as the professional certificate (basic qualification, e.g. registered nurse, doctor).
- Fill in the list of further trainings according to the certificates for the five-year period.
- Enclose a copy of the previous **certificate**.
- Send the completed **application to the address of TÜV** (see application form).

Further information on re-certifying of graduates can be found in our explanations on „**Re-certification participants information and application**“

3. Application form for the re-certification of graduates by educational providers (see annex)

4. List of further trainings for the re-certification of graduates by educational providers (see annex)

Application re-certification for participants/graduates

Provider number: _____

Name of institution:	
Street, house number:	
Postal code, city:	
Country:	
E-mail:	

TÜV Rheinland Akademie PersCert TÜV
„Re-certification of wound seminars“
Alboinstraße 56
12103 Berlin

We apply for the re-certification of the following graduates:

Surname, first name/given name	Diploma as ¹ as of: date:	Certificate number

Confirmation

- The graduates have submitted the complete original of the individual certificates which attest the points earned for re-certification.
- The required basic qualification was certified by all (e.g. nursing specialist).
- Any medical certificate required was presented.
- For each graduate, the signed application and the previous certificate are enclosed.

Billing address

- Send the invoice for the re-certification of graduates collectively to the above address of our educational institute
- We are aware of the current fees for re-certification
80.00 € plus VAT, for the Physician Woundexpert ICW 160.00 € plus VAT for postal application. When applying online, the amount is reduced by 10.00€

Place, date

Signature and applicant's name in block letters

¹ Woundexpert ICW®, Physician Woundexpert ICW®, Woundtherapist ICW®, Woundcare specialist ICW®

List of further trainings – re-certification of graduates

Woundexpert ICW®/Physician Woundexpert ICW®
Woundtherapist ICW®/Woundcare specialist ICW®

Re-certification is applied for:

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

Certificate number:	
<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> Divers title if applicable:	
Surname, first name/given name:	
Different name of birth if applicable:	
Street:	Postal code, city:
Country:	
Date of birth, place of birth:	
<input type="checkbox"/> Herewith, I authorise the educational provider to apply for my re-certification.	
Date, signature: _____	
Please send the certificate <input type="checkbox"/> to the educational provider <input type="checkbox"/> to my address	

To be filled in by the educational provider:

The person mentioned above has provided a proof of the following further training events:

Date of further training	Type of event	Registered number	Re-certification points
	a) Attendance further training b) E-learning (online course, web seminar) c) Work shadowing/clinical practice (in certified institution approved by the certification body)	acc. certification body	acc. certification body
Total points during the five-year validity of the certificate:			
Place, date		Signature and applicant's name in block letters	