

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

Confirmation of participation

Mrs Mr X-Gender

Name: _____ First name/given name: _____

Date of birth: _____ Place of birth: _____

took part in the following seminar

Woundexpert ICW® Physician Woundexpert ICW®
 Woundtherapist 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 (=TU¹).
 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.

Stamp of the institution

Place: _____

Date: _____

 Name and signature
 Educational management
 Professional management

¹ one teaching unit (TU) is 45 minutes