

Exam registration and examination transcript

**ICW/TÜV
2025**

1. Exam registration of the participant

1.1. Graduation as:

Woundexpert ICW®

Physician Woundexpert ICW®

Woundtherapist ICW®

Please complete in block letters

Date of the exam:	
Place of the exam:	
Educational provider:	

1.2. Personal details

<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> X-Gender, academic degree if applicable	
Surname:	
First name:	
Date of birth:	

1.3. Declaration by the applicant

<p>I hereby certify that the above information is correct.</p> <p>I have taken note of the contents of the examination regulations and accept them by signature.</p> <p>The costs for the regular examination and certification were charged by the educational provider together with the seminar fee.</p> <p>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.</p> <p>PersCert TÜV is authorised to transmit my personalized examination result to the respective educational provider.</p>			
Place:		Date:	
Signature participant:			

2. General data for the exam

The transcript refers to the certified seminars (graduation):

- Woundexpert ICW® Physician Woundexpert ICW®
 Woundtherapist ICW®

Please complete in block letters

Personal details

<input type="checkbox"/> Mrs <input type="checkbox"/> Mr <input type="checkbox"/> X-Gender, academic degree if applicable:			
Surname:			
First name:			
Date 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/occupation as nurse physician was provided to the educational institute.
 A valid Woundexpert ICW® certificate was presented to the educational institute (for Woundtherapist 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:	
Lecturer:	
Exam supervisor:	

3. Evaluation of the examination

Examinee surname:		First name:	
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- Woundexpert ICW® (relevant: 3.1. written exam and 3.2. case report)
 Physician Woundexpert ICW® (relevant: 3.1. written exam and 3.3. colloquium)
 Woundtherapist ICW® (relevant: 3.1. written exam and 3.3. colloquium)

3.1. Written exam

- Initial testing First repetition Second repetition

Date: _____

%	100 - 92	91 - 81	80 - 67	66 - 56	< 56
Result:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>✍</i> tick the relevant box					

Evaluated by (name of the examiner): _____

3.2. Case report/term paper

- Initial testing First repetition Second repetition

Date: _____

%	100 - 92	91 - 81	80 - 67	66 - 56	< 56
Result:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>✍</i> tick the relevant box					

Evaluated by (name of the examiner): _____

3.3. Colloquium

- Initial testing First repetition Second repetition

Date: _____

%	100 - 92	91 - 81	80 - 67	66 - 56	< 56
Result:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>✍</i> tick the relevant box					

Evaluated by examiner 1: _____ and examiner 2: _____

Final result: Examination has been **passed** **failed.**

Place:		Name:	
		Signature chairperson or deputy chairperson of examination committee:	
Date:			

4. Notes on handling

4.1. Exam registration/ forms

All exams must be documented in a transcript; including those participants who did not pass in the final round.

Keep a version of the exam transcript for your own records for at least five years.



4.2. Additional list

Use an participants list as excel file including this information:

Gender	Surname	First name	Date of birth	passed	not passed
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Send the list together with the transcript and the registration form.

4.3. Shipment

Upload the exam registration and transcript together with the participants list digitally to your TUVbox assigned by TÜV.

If you send the **examination records** by email, please send them for the entire course.

perscert-icw@de.tuv.com

The examination records must be sent for each participant **no later than six weeks after his or her last examination date** (not per examination, but after all parts have been completed).

4.4. Examination registration

The examination registration must be **issued by and signed by each seminar participant** (examination candidate). The examination registration and examination transcript are sent together to PersCert TÜV by the educational provider. (General Data Protection Regulation/GDPR). The educational provider must keep a copy for five years.

5. Cover letter form

see appendix

Sender:

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

Place, date: _____

Dear Sir or Madam,

Please find attached

all examination transcripts for the completed seminar:

Seminar	Seminar registration number of the certification body	Number of examinees	Number of exams passed
Woundexperte ICW®			
Physician Woundexpert ICW®			
Woundtherapist ICW®			

The examination fee must be charged once for each participant, even for those who have not passed the final examination.

- For the passed exams, we request the certificates according to the attached exam records
- 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 email address from the recognition application.
- Send the certificates to the following email address: _____

- I have read and understood the schedule of fees.
- The billing address is the same as the address in the recognition application.
- The billing address is different as follows: _____

Surname:		First name:	
Signature:			