



2008 CERTIFICATION GRANT GUIDELINES

CERTIFICATION GRANT INTRODUCTION

The WOCNCB is seeking certificants who are highly motivated, currently in clinical practice, and who are in a position which will enable them to disseminate knowledge acquired through certification to others in their practice setting.

The Wound, Ostomy and Continence Nursing Certification Board's Certification Grant Program supports the mission to:

Promote the highest standard of consumer care and safety by providing credentialing in the areas of wound, ostomy, continence and foot care nursing.

Candidates should consider the mission of the WOCNCB carefully before applying and expect to explain in an essay how being awarded a certification grant will support the mission.

If you are planning to become (re)certified OR just became (re)certified, we would encourage you to apply for a certification grant up to \$450 as reimbursement toward your (re)certification fees. Up to three applicants each year will be awarded a certification grant.

ELIGIBILITY CRITERIA

Applicants must meet the following requirements:

- Applicant must be in the process of becoming (re)certified by either:
 - ✓ having applied for (re)certification, or
 - ✓ scheduled an exam date for (re)certification, or
 - ✓ recertified or submitted application via the Professional Growth Program (PGP), or
 - ✓ earned (re)credentialing within the last calendar year, or
 - ✓ have completed an accredited WOC education program within the last calendar year
- Applicant must be currently working as a WOC or Foot Care nurse.
- Applicant cannot have applied for and received a certification grant within the last five (5) years.

APPLICATION INSTRUCTIONS

Before completing this application form please read the instructions carefully. Do not modify, skip, or delete any questions. Inquiries about this application may be addressed to the WOCNCB office by calling 800-496-2622 or emailing info@wocncb.org. **You must submit the completed application form and all supporting documents postmarked by JANUARY 31ST.**

This application includes five parts. Any application which is not complete with all five sections will not be considered. They are:

1. Completed Application
2. Essays 1 & 2
3. Recommendation Form, signed
4. Applicant Certification, signed
5. Copy of exam application approval letter OR earned WOCNCB credentials certificate



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The Application and Essays (Pages 3–5) should be submitted via Email as one attachment to info@wocncb.org. The Recommendation Form (Page 6–7), signed Applicant Certification (Page 8), and a copy of exam application approval letter OR your credentials certificate must be sent via fax to 1-414-276-2146 or a copy mailed to:

WOCNCB Office
c/o Certification Grant Application
555 E. Wells Street, Suite 1100
Milwaukee, WI 53202

APPLICATION REVIEW AND SELECTION CRITERIA

Applications are reviewed as follows:

1. Applications postmarked by January 31st will be checked for completeness, assigned an Applicant Number and identifying information will be removed by the WOCNCB staff. All applications, along with a review form, will be mailed to the WOCNCB for review during the first week in February.
2. The WOCNCB will review each application using a point system.
3. All completed review forms will be returned to the WOCNCB for tabulation by March 10th. All scores from the WOCNCB point totals will be compiled and averaged.
4. During the March WOCNCB meeting, the results of the tabulation will be discussed and up to three (3) applicants will be selected.
5. Letters to applicants who are selected will be sent directly from the WOCNCB office no later than April 30th.

Criteria used in selection of applicants include, but are not limited to the following:

- Clinical strengths, interests and challenges
- Ability to demonstrate the use of certification in their daily practice
- Recommendation Form

CERTIFICATION GRANT CONTENT

Each grant will include the following:

- Financial reimbursement up to \$450.00 USD toward certification fees
- Announcement of award recipients in the Spring WOCNCB newsletter
- Announcement of award recipients on the WOCNCB website (www.wocncb.org)
- An official letter sent to award recipient and their employer



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ESSAY 1

Please prepare the following document. Write no more than ONE typed page.

Please write a brief autobiography that includes the following:

- Clinical strengths, interests and challenges
- Career objectives
- Principle interests and activities, noting any training or experience

- START HERE -



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ESSAY 2

Please prepare the following document. Write no more than ONE typed page.

Please write a detailed statement of your intent, describing:

- Reason for applying for the certification grant
- The importance of certification to your career, employer and patients
- How you will promote the value of certification to others

- START HERE -



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RECOMMENDATION FORM

To be completed by an academic instructor, employer / supervisor. Do not use or refer to applicant's name in the written answers. Always refer to the individual as "The Applicant".

Name of Applicant (the name will be blinded, prior to Board review): _____

1. In what capacity and how long have you known the applicant?

2. Describe the applicant's commitment to his / her field of work / study?

3. In what way has/will obtaining certification contributed to the applicant's professional development?

5. How would you rate the applicant in the following areas?

	Excellent	Very Good	Average	Below Average	Unknown
Clinical expertise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adaptability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Please cite two specific examples of how the applicant has demonstrated the qualities listed in the question above.



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RECOMMENDATION FORM Continued

7. Additional comments:

Name Title and Position

Institution

Telephone E-mail

Signed **Date**

Please return completed forms directly to the WOCNCB Office via fax (414) 276-2146.



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APPLICANT CERTIFICATION

I hereby apply for the WOCNCB Certification Grant. I certify that I am eligible to apply and, to my knowledge, no statement contained with this application is untrue. In addition, I understand that by accepting the WOCNCB Certification Grant I agree to the responsibilities outlined below.

If I receive a WOCNCB Certification Grant, I agree:

1. That I will respond to all WOCNCB communication as requested, in a timely manner.
2. That depending on the tax laws my grant may be taxable in part or in full. It is my responsibility to investigate the tax regulations as they pertain to grant funding.

In accepting a WOCNCB Certification Grant, you enter into an agreement of which both parties have benefit and responsibility. The WOCNCB will work diligently to assist you as outlined in this document. You in turn are asked to comply with the 2 items listed above. Should you feel you are unable to do so, please DO NOT sign, and contact the WOCNCB.

I understand that failure to carry out the responsibilities listed above may result in forfeiture of my grant and may make me liable for the return of payments provided.

NAME OF APPLICANT (PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE

STOP

Before submitting your application please be sure you have completed and included the following:

1. Completed Application (send in an email)
2. Applicant Certification (send/fax signed version to the office)
3. Essays 1 & 2 (send in an email)
4. Recommendation Form (send/fax signed version to the office)
5. Copy of exam application approval letter OR earned WOCNCB credentials certificate (send to office)