



Wound, Ostomy or Continence Advanced Practice Portfolio Handbook

WOCNCB
Advanced Practice
Portfolio



WOCNCB® is accredited by the Accreditation Board for Specialty Nursing Certification (ABSNC), formerly the ABNS Accreditation Council, and the National Commission for Certifying Agencies

Advanced Practice Portfolio
For certification in Wound, Ostomy and/or Continence Nursing
is a publication of the WOCNCB®

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WOCNCB
555 East Wells Street, Suite 1100
Milwaukee, Wisconsin 53202

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Preface

MISSION STATEMENT

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) is a not-for-profit organization promoting the highest standard of consumer care and safety by providing credentialing in the areas of wound, ostomy, continence and foot care nursing.

The WOCNCB supports and endorses the concept of voluntary, periodic certification for all Wound Care Nurses, Ostomy Care Nurses, Continence Care Nurses and Foot Care Nurses.

Certification is one component of credentialing and is a process by which a non-governmental agency or association grants recognition of competence to an individual who has met certain predetermined standards specified by that agency or association. Certification is an indication of current proficiency in a specialized area of practice. Certification in Wound, Ostomy, Continence and Foot care provides formal recognition of competency.

Advanced Practice Portfolio

This document was revised by the Advanced Practice (AP) Task Force of the WOCNCB:
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The WOCNCB AP Portfolio has been deemed psychometrically sound, based on job analysis and content validity testing with nationally recognized Advanced Practice WOCN content experts, along with interrater reliability testing during portfolio reviews by the AP members of the WOCNCB.

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Approved by the WOCNCB Board: June 2009

Note: One copy of this Handbook is free of charge; the Handbook and/or Verification Forms may also be printed from the WOCNCB web site, www.wocncb.org

The WOCNCB is committed to updating the AP process to reflect the most current clinical practices of the WOC nursing profession. Toward that end, the AP Committee will revise the AP Handbook every two years to meet the ongoing changes in WOC nursing.

It is the responsibility of certificants to ensure they are using the appropriate edition of the handbook for the period in which they are recertifying. Certificants submitting their AP applications between -- -- December 31, 2009 and December 31, 2010 may submit their portfolios utilizing the point distribution of either the May 2006 or the June 2009 handbook. After December 31, 2010, certificants must adhere to the point distribution requirements of the June 2009 Handbook.

If you have questions, please call the WOCNCB office at 1-888-496-2622.

About the WOCNCB

The Wound, Ostomy, and Continence Nursing Certification Board (WOCNCB) was established in 1978 by the International Association of Enterostomal Therapy (IAET), now known as the Wound, Ostomy and Continence Nurses Society (WOCN). It is incorporated as a separate, distinct and financially independent entity of that group. The WOCNCB is a national, non-governmental certifying agency organized to grant certification credentials to qualified nurses who are involved in providing care and/or education to individuals with wounds, ostomies, incontinence and/or foot care needs. The organization is dedicated to promoting excellence in the profession of wound, ostomy, continence and foot care nursing through development, maintenance and protection of the certification process. This process consists of fulfilling rigorous eligibility requirements that allow an individual to take the WOCNCB certification exam. Upon passing the exam, individuals receive their CWOCN[®], CWCN[®], COCN[®], CCCN[®], CWON[™], or CFCN[®] credential. Certification must be re-established every five years.

Qualified nurses may recertify in the specialties of wound, ostomy, or continence nursing by passing the exam OR by fulfilling the activity requirements of the Advanced Practice portfolio (AP). Advanced Practice Nurses (NP, CNS) that carry a current certification of wound, ostomy, and/or continence nursing can apply for AP certification via portfolio.

Accreditation

ABNS

The WOCNCB has earned the American Board of Nursing Specialties' (ABNS') accreditation status of the following examination programs: CWOCN, CWCN, COCN, and CCCN in March 2006. Accreditation status is granted for five years.

ABNS, the only accrediting body specifically for nursing certification, is the standard setting body for nursing certification programs. ABNS sets a very stringent and comprehensive accreditation process. WOCNCB provided extensive documentation demonstrating that it has met the 18 ABNS standards of quality. Using the analogy that ABNS is to nursing certification organizations as JCAHO is to hospitals is appropriate.

NCCA

The WOCNCB is accredited by the National Commission for Certifying Agencies (NCCA). Accreditation by the prestigious NCCA assures that the WOCNCB has met the most stringent and rigorous of standards in issuing its credentials. By meeting these standards, the WOCNCB helps to ensure safe and expert practice of wound, ostomy and continence nursing.

Additionally, accreditation assures that:

- The validity and integrity of credentials issued by the WOCNCB are unquestionable and of the highest caliber.
- Fair and equitable standards have been met for each certificant who is certifying or recertifying.
- WOC certificants have earned credentials that are esteemed and valued among their peers, other medical professionals and employers.

The WOCNCB is proud of the hard-earned ABNS and NCCA accreditations, and we hope our certificants share our pride.

Statement of Nondiscrimination Policy

The WOCNCB does not discriminate against certificants on any bases that would violate any applicable laws.

Certification Philosophy

The WOCNCB endorses the concept of voluntary, periodic certification. WOCNCB certification focuses specifically on the individual and is an indication of current knowledge in a specialized area of nursing practice. Certification provides formal recognition of wound, ostomy and/or continence (WOC) and foot care (FC) nursing knowledge.

The objectives of the WOCNCB certification program are to promote excellence in wound, ostomy, continence and/or foot care nursing by:

1. Formally recognizing those individuals who meet all the requirements of the WOCNCB.
2. Encouraging continued professional growth in the practice of wound, ostomy, continence and/or foot care nursing.
3. Establishing and measuring the level of knowledge required for certification in wound, ostomy, continence and/or foot care nursing.
4. Providing a standard of knowledge required for certification, thereby assisting the employer, public and members of health professions in the assessment of the Wound, Ostomy, Continence and/or Foot Care Nurse.

About the Advanced Practice (AP) Portfolio Program

The Advanced Practice (AP) Portfolio Program is a mechanism for demonstrating advanced level knowledge and competency in the practice of wound, ostomy and/or continence nursing, as evidenced by completion of:

- Entry level WOCN certification by examination
- Graduate level nursing education as a patient care provider (NP or CNS), and
- Professional activities that contribute to the advancement in the art and science of the WOCN specialty.

The WOCNCB has established the AP certification program at the request of Advanced Practice nurses specializing in wound, ostomy and continence areas. Activities approved for AP portfolio points go beyond routine, entry-level WOC practice and challenge individual applicants to contribute to the art and science of the specialty. The AP portfolio demonstrates the clinician's achievement of advanced practice, each packet will be unique and will reflect the personal interests of the practitioner. The AP Portfolio Program is to be used for AP certification only after entry-level specialty nursing practice knowledge has been demonstrated by examination. The Advanced Practice certification must be renewed every 5 years via submission of the AP Professional Portfolio. While the portfolio for AP certification is designed to meet general regulatory requirements, **the WOCNCB cannot guarantee that successful completion of the AP certification in the WOC specialty will meet a candidate's AP licensure needs.** Individuals must confirm specific AP licensure requirements with their State Board of Nursing.

Eligibility Requirements

To be eligible for the Advanced Practice certification by the WOCNCB, a certificant must fulfill the following requirements:

1. Hold current RN and/or APN License.
2. Possess current entry-level WOCNCB certification.
3. Hold a Master's, Post-Master's or Doctorate degree as a Nurse Practitioner or Clinical Nurse Specialist. (A copy of diploma and transcripts must accompany application.)
4. Work completed to meet eligibility criteria must be completed after achieving both CNS and NP status.

NOTE: You are advised to keep a copy of your certification application and materials. The WOCNCB is not responsible for correspondence lost in the mail. It is advisable to send your application materials by traceable means that require a signature, such as UPS or Federal Express. Please note that certified mail is only traceable when you request and pay for tracking.

Send all materials and direct your inquiries to: **WOCNCB, AP Portfolio Program**
555 E. Wells St., Suite 1100
Milwaukee, WI 53202
1-888-496-2622

AP Portfolio Program Points

There are nine categories of professional growth activities in which you can earn AP portfolio points.

- A. Continuing Education
- B. Program or Projects
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education/AP Certifications
- H. Comprehensive Clinical Scenario
- I. Projects/Activities not defined

Each activity is assigned a value in AP points. A minimum of 170 AP points must be earned in each specialty area **during the current five-year certification period and prior to the application deadline.**

Continuing Education Unit (CEU) points related to such topics as tuberculosis, domestic violence, employer-mandated activities such as CPR, safety and infection control, etc., would not be acceptable because none of these topics is specific to WOCN practice. Acceptable topics related to professional issues might include "WOCN Legal Issues," "Preceptor Workshop," "Marketing your Business," etc. **Candidates must complete the required CEU courses prior to the application deadline.**

If you have any questions regarding what is or is not acceptable, please refer to the "Ask the Board" section of the www.wocncb.org website to see if a similar question was asked by another certificant and answered by a Board member. If you cannot find a similar question posted, feel free to post your question. A Board member will post the answer to your question within 48 hours.

Audit Process

The WOCNCB will perform a random audit on AP Portfolio applications. Candidates selected for audit will be notified by "Return Receipt Requested" mail within 5 days of receipt of their application. Please be sure the documentation required for audit is submitted to the WOCNCB within 30 days of the notice date. The required documentation for audit is listed at the end of each of the Activity Categories.

COMPLETION TIPS

- ✓ Keep accurate and detailed records of your WOC practice activities that count toward AP points.
- ✓ Candidates must have completed any projects or programs they are claiming for portfolio points prior to application submission in order for the points to be approved.
- ✓ Your application, point logs and verification forms must be typed or computer generated or the WOCNCB will return your portfolio. Electronic forms are available from the www.wocncb.org website.
- ✓ Do not submit point logs with excess points. Packets that contain excess points will be returned.
- ✓ If you have questions – call the WOCNCB National Office 1-888-496-2622, or, visit the WOCNCB website (www.wocncb.org) and submit your question via “Ask the Board.”

CHECKLIST

1. Include the following documents with your completed application:
 - Application form (typed or computer generated)
 - Copy of APN Certification (if applicable)
 - Copy of your Graduate level diploma and transcripts reflecting completion of NP or CNS program
 - Point Logs (typed or computer generated)
 - Most recent performance evaluation OR peer review letter of recommendation
 - Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities (typed or computer generated)
2. Complete all necessary Summarization and Verification Forms (typed or computer generated). Be sure to list the required total of 170 AP Portfolio Points in each specialty for which AP certification is sought. Note the minimal points required and maximum allowed for each category.
3. Make a check payable to the WOCNCB. For information concerning certification fees, see fee schedule on page 11.
4. Send the completed application and all necessary forms and documentation to:
WOCNCB
Attn: AP Portfolio Program
555 E. Wells St.
Milwaukee, WI 53202.

INSTRUCTIONS

AP Points

There are nine categories of activities in which you can earn AP points.

- A. Continuing Education
- B. Program or Projects
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education/AP Certifications
- H. Comprehensive Clinical Scenario
- I. Projects/Activities not defined

Each category contains activities which are assigned a specific value in AP points. Each category is assigned a letter and each activity is assigned a number. A minimum of 170 AP points must be earned during the current five-year certification period in **each** specialty area for which you apply. For example, to recertify as a CWOCN, you must earn 510 AP points (170 points in wound, 170 points in ostomy, and 170 points in continence). All submitted activities and projects must be completed prior to application deadline.

Within these 170 points, there is a **minimum requirement that 20 points must first come from CEUs which directly relate to the specialty**. Overall, eighty (80) AP points out of the 170 points required for each specialty (i.e., wound, ostomy and continence) must directly relate to the specialty for which certification is sought. The remaining 80 points do not have to directly relate to the specialty, but must reflect professional topics that specifically impact WOCN practice.

Professional Practice is defined as courses or activities that are not clinically related to wound, ostomy or continence specific activities, which impact or enhance the role of the Advanced Practice WOC Nurse. Here are some examples: “Marketing Your Business”, “Legal Issues”, “Integrating Technology and Outpatient Billing/Reimbursement”.

(See pages 8 – 9 for additional AP definitions of terms.)

A couple of other important things to remember:

- ✓ You must complete the required 20 CEU points prior to the application deadline.
- ✓ It is not acceptable to transfer points from one specialty to another, except professional practice points as noted above. (e.g., points related to wound or ostomy cannot be applied to the continence category.)
- ✓ AP points earned after you have submitted your application will be applicable to your next five-year recertification period.

POINTS DISTRIBUTION FOR EACH CATEGORY	Category	Minimum Points Required	Maximum Points Allowed
	A Continuing Education	20 related to specialty	80
	B Program or Project	10	80
	C Research	10	80
	D Publication	20	100
	E Teaching	20	100
	F Professional Orgs.	None	80
	G Academic Education/AP Certifications	None	80
	H Comprehensive Clinical Scenario	10	10
	I Projects/Activity Not Defined	None	To be determined

INSTRUCTIONS, cont'd.

Point Logs

You will need to fill out a Point Log for each specialty you seek certification. The Point Logs are meant to contain an overview of what is included in your entire portfolio, with the total points for the activities submitted in the available categories (A – I). Be sure you list *only the total points* you are including in each category of your portfolio. Do not submit point logs with excess points (over 170), or the packet will be returned. *Note: It is acceptable to split points between specialties if they relate directly to more than one specialty, and/or use a portion of the earned points so that your portfolio meets the 80 point requirement. Example: You attended several academic courses which equal 80 AP points in Category G, but you only claim 50 on your point log.*

You will notice on the Point Log that for category A-1 CEU certification the line has been completed, except for the number of credits you have achieved. You will need to insert the number of CEUs you are claiming for your recertification.

EXAMPLE POINT LOG

Category	Activity	Description	Date(s)	Total Points
A	1	CEU total	2004 – 2008	35
B	3	Establish Team	2005	10
C	2	Grant Written	2006	20
D	6	Book Reviews	2004 – 2005	20
E	1	Teaching	2004 – 2007	20
G	1	APN National Certification	2004	45
H	1	Comprehensive Clinical Scenario	2008	10
I	1	Not Defined	2008	10
TOTAL POINTS				170

Verification Forms

Fill out a verification form for each activity contained in your portfolio. Answer each question with a descriptive detail about the project or activity. You may submit a project or activity for pre-approval of AP points, if it is not already outlined in the AP Handbook. Submit the Category I pre-approval form on page 36 any time but at least one (1) month prior to the application deadline.

Category A (CEUs)

It is important that you submit a complete listing of each individual educational session you attend during a conference or program. For example, if you attend SAWC's "Annual Symposium on Advanced Wound Care" and earn 25 CEUs, you must individually **list each session title** on the Category A Verification Form. Additionally, you must meet the requirement of 20 CEU points which directly relate to the specialty for which you apply. Please note, there is a maximum of 80 CEUs allowed in Category A. To calculate AP points in this category, refer to the Worksheet/Instructions on page 18.

Electronic Submission of AP Portfolios

The WOCNCB encourages candidates recertifying via Advanced Practice (AP) to submit their application portfolio via electronic means. You may use the [AP Forms](#) found on the website, save the files on your computer, and send the electronic files as an e-mail attachment to: info@wocncb.org. We will acknowledge that your application portfolio is received by reply e-mail. Payment via credit card may be indicated on your application, or, you may mail your check separately. If you mail check payment, you will not need to include your portfolio – the WOCNCB staff will simply apply the payment to your AP application on file. **WOCNCB office staff will verify current WOCNCB certification and RN licensure. Please be sure to check with your state board that your licensure is updated.** If you have questions about this process, please contact the WOCNCB at 1-888-496-2622 or e-mail info@wocncb.org.

INSTRUCTIONS, cont'd.

Questions

If you have any questions about the AP process, what is or is not acceptable, or how to complete the forms, please refer to the “Ask the Board” section of the www.wocncb.org website. You may find similar questions were previously asked by another certificant. If you cannot find a similar question posted, feel free to post your question. A Board member will post the answer to your question within 48 hours.

Disclaimer

The Board’s answers to AP questions posted on the www.wocncb.org website’s “Ask the Board” are as accurate as possible without having the questioner’s complete portfolio at hand. Questions may at times lack full and comprehensive information about a specific activity, or a question or answer may be misinterpreted by the reader. As a result, the WOCNCB cannot guarantee that it will accept points based on the answer to a question posed on “Ask the Board.” Points can only be fully verified and justified when the completed AP portfolio is evaluated by an AP reviewer.

DEFINITIONS FOR AP TERMS

The following definitions have been developed to explain the meaning of some of the terms used in this handbook. Please review these definitions before you begin filling out the forms. If you have additional questions after you have reviewed the terms, you should go to the WOCNCB's website at www.wocncb.org, click on "Ask The Board," and post your question. Your question will be answered within 48 hours. (*"Ask the Board" Disclaimer – The Board's answers to questions posted on the www.wocncb.org website's "Ask the Board" are as accurate as possible without having the questioner's complete portfolio at hand. Questions may at times lack full and comprehensive information about a specific activity, or a question or answer may be misinterpreted by the reader. As a result, the WOCNCB cannot guarantee that it will accept points based on the answer to a question posed on "Ask the Board." Points can only be fully verified and justified when the completed AP portfolio is evaluated by an AP reviewer.*)

Anticipatory Guidance: Information given to a patient prior to a situation so the patient can prepare himself psychologically and develop problem-solving and coping strategies.

Brochure/pamphlet: Summary of information regarding a product or service.

Example: You develop a tri-fold marketing piece outlining the WOC Services offered at your hospital.

Clinical Pathway: A clinical pathway is intended to be a multidisciplinary patient plan of care. These pathways are disease/condition specific and usually include standing orders, policy and procedures, patient education, on going patient assessment criteria, etc. Many times for this process to be developed there are multidisciplinary meetings held to determine what must be in the pathway. Activities in this category require multiple steps for completion.

Competency Based Tool: An educational activity that measures the wound, ostomy or continence skills and knowledge of the nursing staff.

Example: You develop a wound care competency test for the nursing staff that consists of a scenario to evaluate a wound care patient. The nursing staff then completes a Braden scale, measures the wound, and documents it on the Wound Documentation Record.

Contributing Author: Name is cited as a contributing author in the published textbook or chapter.

Forum for Advisory Panel: Providing a voluntary role as a consultant on various CWOCN issues, i.e., Manufacturers advisory panels, new product development/advancing products, reviewing manufacturers literature, etc.

Grant Activities (non-research based): Grant applications for activities such as: education programs for your facility, equipment, or other "non-research based activities" which would not go before an IRB. Grant activity that only requires institution approval since the application does not involve human subjects or informed consent.

Example: Institution approved grant proposal submitted to a University or company that supports nursing education (such as Convatec, KCI, Lippincott Williams & Wilkins, etc.) to request funding for educational program at your facility.

Healthcare Professional Fact Sheet: Factual clinical information intended for the healthcare professional.

Example: You develop a clinical fact sheet for nursing students which shows the difference between venous, arterial and diabetic ulcers.

IRB (Institutional Review Board): A committee/group that is given the responsibility by an institution to review research projects involving human subjects. The purpose and role of the IRB is to assure the protection and safety, rights and welfare of research participants (human subjects).

Example: Institution and IRB approved grant proposal submitted to the NIH Institute of Nursing Research to request funding for a research study at your facility.

Learning Module: A wound, ostomy or continence course in a written, electronic or video format. The module must include objectives, learning activities and competency evaluation (post-test, return demonstration, etc.).

Example: During RN Orientation, you are asked to complete a written learning course on the Wound Care Policy and successfully pass a written test on the subject.

DEFINITIONS FOR AP TERMS (cont'd.)

Multidisciplinary Wound, Ostomy and Continence Service: Establishing a wound, ostomy and/or continence practice that includes various disciplines. For example: a team consisting of a WOC Nurse, a Physical Therapist, a Vascular Surgeon, Social Worker and a Dietician, etc., who are involved in caring for patients with wound, ostomy and/or continence issues.

Example: You develop a Stoma Clinic that involves a WOC Nurse and a Surgeon caring for ostomates with stoma issues.

Patient Education Tool: Factual information developed and written for patients.

Example: You develop a one page handout on “High Fiber Foods for Ileostomates.”

Professional Practice: Courses or activities, other than topics clinically related to wound, ostomy or continence specific activities, that impact or enhance the role of a WOC Nurse.

Examples: “Marketing Your Business”, “Legal Issues”, “Integrating Technology into your Practice”, “Preceptor Workshop”, “Outpatient Billing/Reimbursement”, or any of the Professional Practice courses offered at the WOCN Conference.

Quality Improvement Project: An activity in which a problem is identified, solutions to the problem are identified, and a corrective program is implemented. After an initial period of utilizing the program, the solutions are reevaluated to identify the results and success of the program.

Example: Through chart audits you find that wounds are not being charted consistently and correctly on patient records. You develop a “Wound Documentation Record” that provides nurses with a list of descriptions regarding the appearance of the wound. Nurses are asked to go down the list and check off those adjectives that best describe the wound. After in-servicing the form and using it for three months an audit is performed and shows that correct documentation was found on 90% of the charts.

Reviewing textbook, chapter, journal article: Analyzes content related to WOCN practices.

Revising an education program: The program must have revisions of content, and updated references of no later than five years.

Wound, Ostomy or Continence Nursing Service: Establishing a wound, ostomy, and/or continence nursing practice in which the WOC Nurse is responsible for the care of wound, ostomy and/or continence issues within a healthcare setting.

Example: You take a newly created hospital position as a WOC Nurse. Your responsibilities are to define your WOC nursing role and responsibilities, establish the hospital's policy and procedures for wound, ostomy and/or continence patients, and develop a billing procedure.

SAMPLE POINT DISTRIBUTION

Acceptable Point Distribution

The sample application (below) would be acceptable because it meets the minimum requirement of 80 AP points that directly relate to wound care and total 170 points to complete the portfolio. Since this point requirement was met, the other activities are acceptable.

Category	Activity	Points Claimed
A (Continuing Ed)	Wound care in the Diabetic Patient	5 Related to Wound Care
A (Continuing Ed)	Calciphylaxis in the Renal Patient	5 Related to Wound Care
A (Continuing Ed)	Pharmacological Therapy for Treating Weight Loss in Wound Patients	5 Related to Wound Care
A (Continuing Ed)	Clever Strategies for Perineal Wounds	5 Related to Wound Care
B3 (Project)	Established Wound Care Task Force	10 Related to Wound Care
C1 (Research)	Develop Study Proposal	45 Related to Wound Care
D14 (Publication)	Journal: Pouching Strategies for Challenging Wound Patients	25 Related to Wound Care
D12 (Publication)	Newsletter editor for WOCN Southeast Region	20 Related to Professional Practice
E-1 (Teaching)	Presentation: Wound Care in the Home Care Setting	10 Related to Wound Care
E-1 (Teaching)	Presentation: Wound Care for the APN in LTC	10 Related to Wound Care
F6 (Professional Org.)	Education Committee Member SE WOCN Region	5 Related to Professional Practice
G (Academic)	Research and Statistics	15 Related to Professional Practice
H Comprehensive Clinical Scenario	Comprehensive Clinical Scenario	10 Related to Wound Care
TOTAL AP POINTS		170 (130 directly related and 40 Professional Practice)

Unacceptable Point Distribution

In the unacceptable sample below, there are only 70 AP points that directly relate to wound care, rather than the mandatory 80 points. The Professional Organization activities and Academic course would have been accepted for AP points if the application would have contained a minimum of 80 AP points that directly related to wound care.

Category	Activity	Points Claimed
A (Continuing Ed)	Diabetic Foot Wounds	10 Related to Wound Care
A (Continuing Ed)	Wound Care in the Renal Patient	10 Related to Wound Care
A (Continuing Ed)	Creating a Business Plan	10 CEUs Related to Professional Practice
A (Continuing Ed)	The Impact of Prospective Payment on Long-Term Care	10 CEUs Related to Professional Practice
A (Continuing Ed)	Nursing and Medicare Billing	10 CEUs Related to Professional Practice
B6 (Project)	Quality Improvement Project of Pressure Ulcers	25 Related to Wound Care
C4 (Research)	Data collection and analysis role of APN in WOC practice	20 Related to Professional Practice
D12 (Publication)	Newsletter Editor for WOCN Region	20 Related to Professional Practice
E-1 (Teaching)	Presentation: Research Process	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Wound Care in the Home Care Patient	15 Related to Wound Care
F6 (Professional Organization)	Education Committee Member for Southeast WOCN Region	5 Related to Professional Practice
G (Academic)	Research and Statistics	15 Related to Professional Practice
H (Clinical Scenario)	Comprehensive Clinical Scenario	10 Related to Wound Care
TOTAL AP POINTS		170 (70 Related to Wound Care and 100 Professional Practice)

FEE AND APPLICATION PROCESS

The candidate must submit the following by the postmark deadline:

- Completed application (including Point Logs and Verification Forms – typed or computer generated.)
- Fees – Any One Specialty: \$300 *
Any Two Specialties: \$350 *
Three Specialties: \$400 *

* Candidates that submit an AP portfolio within one (1) year of entry level WOCNCB (re)certification in the area(s) of specialization will receive a 25% discount on the AP certification fee.

You are advised to keep a copy of your application and materials. WOCNCB is not responsible for correspondence lost in the mail. It is advisable to send your application materials by traceable means that require a signature such as UPS or Federal Express. NOTE: Certified mail is only traceable when you request and pay for tracking.

Send all recertification materials and direct your inquiries to: **WOCNCB AP Portfolio Program**
555 E. Wells St., Suite 1100
Milwaukee, WI 53202
1-888-496-2622

Application Schedules Submit your AP materials by the postmark deadlines listed below. Certificants must complete their required points prior to the application deadline.

Certification Expires in the Month of	Application Deadlines (Postmarked three Months Prior to Expiration)
March	November 15
June	February 15
September/October	May 15
November/December	August 15

Example: if your certification expires in December of 2008, you must submit your application by the postmark deadline of August 15, 2008. AP points earned after the above application deadlines will be applicable to your next five-year recertification period.

Late Application Policy

Late applications will be accepted if postmarked no later than 30 days following the pertinent Application Postmark Deadline, published in the current handbooks and on the WOCNCB website. A late fee of \$75 applies, and must be included with the application fee.

A late application beyond the 30 days will need to be approved by the Credentialing and Review Committee. A request and rationale needs to be in writing to the WOCNCB Office by email at info@wocncb.org. Once the late application request is received, it will be reviewed by the Credentialing and Review Committee whereby, a vote will take place to determine if the applicant's application will be approved for extension. A \$100 late fee applies, and must be included with the application fee.

Credential Extension Policy

A limited certification extension may be granted until the next testing opportunity for emergency situations, which include, but are not limited to, the following:

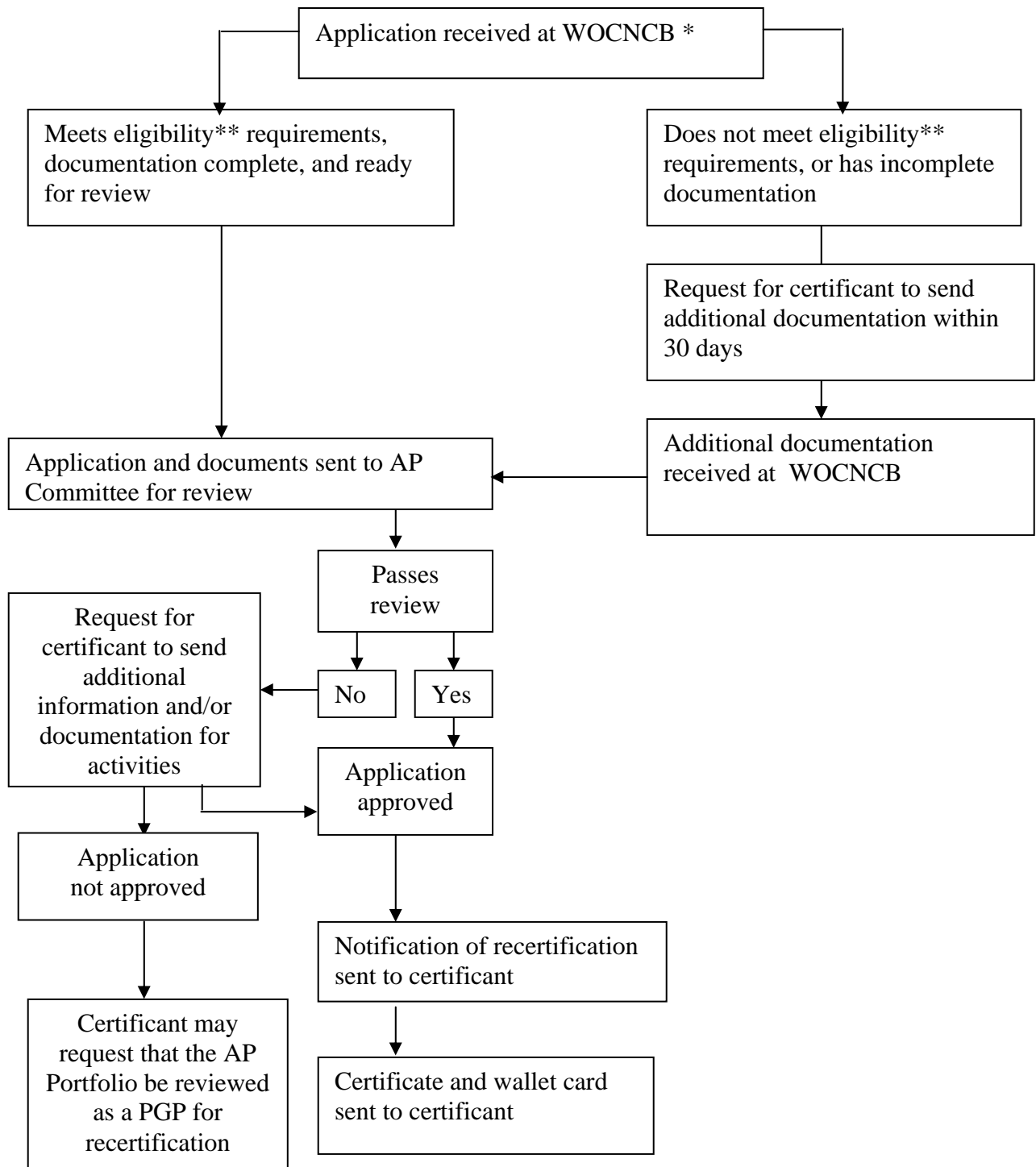
1. Death or serious illness of a family member.
2. Personal illness or injury.
3. Unavoidable natural disaster.
4. Active military duty outside the United States.

A request for extension of certification must be submitted in advance of the expiration of the credential in writing to the WOCNCB Office by email at info@wocncb.org. Once the extension request is received, it will be reviewed by the Credentialing and Review Committee whereby, a vote will take place to determine if the applicant's credentials will be approved for extension.

If the extension is granted, it is only for a maximum of six months. Only one extension request will be granted per applicant, per five years.

APPLICATION REVIEW PROCESS

The entire application review process may take up to 30 days from date of receipt. If you have not received notification within 30 days, please contact the WOCNCB.



*Random Audit

Certificants selected for random audit are notified via mail within five days. A 30-day opportunity is given to submit the requested documentation. Only one opportunity is allowed. Failure to comply will result in recertification via examination.

Application for Advanced Practice WOCN Certification (AP Portfolio)

Complete this application and submit with:

- Copy of any APN certifications (if applicable)
- Copy of Graduate level diploma and transcripts, verifying completion of NP or CNS program
- Copy of most recent performance evaluation **OR** peer review letter of recommendation
- Curriculum Vitae, including current position summary reflective of Advanced Practice duties and responsibilities
- Check or money order, payable to the WOCNCB

Mail application, payment and materials to: **WOCNCB, AP Portfolio Program**
555 E. Wells St., Suite 1100
Milwaukee, WI 53202

- Fees: Any One Specialty: \$300
- Any Two Specialties: \$350
- Three Specialties: \$400

Discount 25% if submitted within one (1) year of entry-level WOCNCB (re)certification.

Name _____

Preferred Address _____

City, State, Zip _____

Telephone work _____ home _____

E-mail _____

Licensure

RN State _____ APN State _____

Education (check all that apply)

Diploma Associate BA BSN MSN DNP PhD BS MS Other _____

Practice Setting (check all that apply)

Acute Homecare Outpatient Extended Care Industry
 Private Education Administration Research

I am applying as a

CWOCN-AP® CWCN-AP® COCN-AP® CCCN-AP® CWON-AP®

My current certification expiration date: _____

Years in Nursing _____

Years as Certified WOC Nurse _____

I attest that all statements on this application are true. If statements are found to be false, certification may be suspended or revoked. (*signature required below*)

If payment is by credit card, complete the following: Visa MasterCard

Card #: _____ Expiration _____

Your Name as it appears on card: _____

Signature _____ Date _____

The WOCNCB would like to include you in a certified nurse referral database on our website. To do so, we need your permission to include your name, preferred address, telephone number and e-mail in this database. This information will not be sold for marketing purposes. I agree I disagree

AP Portfolio Program Points Log: Complete the attached point logs to document your 170 AP points (in each specialty area for which you are seeking certification) along with the appropriate Verification Forms for each Activity Category submitted.

NOTE: Candidates are not to submit points for additional activities beyond this level. Packets that contain an excess of points will be returned for revision.

AP WOUND POINT LOG

Name _____

NOTE: All wound-related activities are to be listed on this point log and submitted along with the appropriate verification forms for each activity. Include the total wound-related contact hour points on this log, then use Verification Form A to list each course title individually.

Category	Activity	Description	Date(s)	Total Points	<input checked="" type="checkbox"/> Check here
A	1	EXAMPLE: Total CEUs (Use Verification Form A to list CEU course titles individually.)	2006	30	
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
Total AP Points for Wound					

(copy as needed)

AP OSTOMY POINT LOG

Name _____

NOTE: All ostomy-related activities are to be listed on this point log and submitted along with the appropriate verification forms for each activity. Include the total ostomy-related contact hour points on this log, then use Verification Form A to list each course title individually.

Category	Activity	Description	Date(s)	Total Points	<input checked="" type="checkbox"/> Check here
A	1	EXAMPLE: Total CEUs (Use Verification Form A to list CEU course titles individually.)	2006	30	
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
Total AP Points for Ostomy					

(copy as needed)

AP CONTINENCE POINT LOG

Name _____

NOTE: All continence-related activities are to be listed on this point log and submitted along with the appropriate verification forms for each activity. Include the total continence-related contact hour points on this log, then use Verification Form A to list each course title individually.

Category	Activity	Description	Date(s)	Total Points	<input checked="" type="checkbox"/> Check here
A	1	EXAMPLE: Total CEUs (Use Verification Form A to list CEU course titles individually.)	2006	30	
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
					<input type="checkbox"/> Verification form attached
Total AP Points for Continenence					

(copy as needed)

INSTRUCTIONS/WORKSHEET

ACTIVITY CATEGORY A: CONTINUING EDUCATION

A minimum of 20 AP points must come from CEUs, and are required within each specialty. **This minimum requirement of 20 AP points must directly relate to the clinical area for which recertification is sought and the course must reflect this clinical focus.** A **maximum of 80 AP points from CEUs is allowed for each specialty.**

When submitting greater than the required 20 AP points, two thirds of those AP points submitted for CEU activity in each specialty must apply directly to the clinical specialty. For example, if 80 points are submitted, 54 points must relate directly to specialty clinical practice, and 26 points may be obtained in topics related to professional issues, which are directly related to the practice of WOC nursing. Examples of professional practice topics would be “WOCN Legal Issues”, “Preceptor Workshop”, and “Marketing Your Business” to name a few. Continuing Education Unit (CEU) points related to such topics as domestic violence, safety, HIPPA, CPR etc., are not acceptable because they are not specific to WOCN practice. CEUs used to attain/maintain prescriptive authority do not apply here (see Category G)

When claiming continuing education points for this category, the specific course title must be specified. Packets submitted with a general conference title will not be accepted. For example, listing the “WOCN Annual Conference” is unacceptable. Each lecture attended must be listed separately to determine relevancy to the specialty, e.g. “Pharmacologic Agents for Continence Management”, “Topical Wound Treatments for Control of Bioburden” or “Pouching Techniques for Enterocutaneous Fistulas”.

ACCEPTABLE ACTIVITIES

1. Attendance at continuing education programs offered/sponsored by accredited or approved providers. Programs must be approved for contact hours by a recognized accrediting body, such as a state nursing association, the American Nurses Credentialing Center, American Academy of Nurse Practitioners, or other professional association.
2. Completion of home study or self-study programs that have been approved for contact hours as stated in number one, above.

Contact Hour (CME or CEU) = 60 minutes = 1 AP Point

DOCUMENTATION REQUIRED IF AUDITED

1. Certificate of attendance or completion that includes your name, date, program title, and the number of contact hours awarded.

– Or –

2. Complete the audit form for this activity.

A maximum of 80 AP points per specialty will be awarded for this category for each five-year certification renewal period.

**VERIFICATION FORM
CATEGORY A
CONTINUING EDUCATION ACTIVITY**

Name _____

1. Complete a separate form for each specialty area. Wound Ostomy Continenence
2. Minimum of 20 AP points **directly related** to specialty required. Maximum of 80 AP points(see pg 17)
3. Point calculation: 1 AP point for each CEU or contact hour.
4. List individual educational session/course titles separately. Do not list as “conference” with the total CEUs. (Total CEUs are to be provided on Point Log.)

It is not acceptable to transfer points from one specialty to another. (E.g., points related to wound or ostomy cannot be applied to the continence category.)

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are Professional Practice or W-O-C related	
6/2008	Example: Cases in Antimicrobial Therapy	WOCN	WOCN	3	PP	
8/2005	Example: Management of Skin and Wound Toxicities of Cancer and Cancer Treatment	Cancer Society	Ohio Nurses Association	3		Wound
Total AP Points						
<i>(Transfer this total to Point Log)</i>						

INSTRUCTIONS / WORKSHEET

ACTIVITY CATEGORY B: PROGRAM OR PROJECT ACTIVITIES

A minimum of 10 points are required from Category B and must be included in your portfolio. A maximum of 80 points are allowed. Activities in this category more clearly demonstrate the achievement of advancing practice and include more complex activities requiring multiple steps for completion and/or significant preparation. This is reflected in the larger number of points assigned to these activities. Some of these activities may be performed due to employer directives but some are independent of employment status. To receive points in this category, you must have had the primary responsibility for developing, implementing and evaluating the program, conducting the project, or case.

You may be awarded points for activities submitted that are repeated, but only if the topic content clearly has been altered to meet the needs of the learner. If an activity is applicable to more than one specialty, the points can be split between the applicable specialties but points can only be used once. (For example, in Category B-3: If you establish a skin care committee worth 10 points, if it is clearly documented that a portion of the committee’s time has been devoted to continence care, then the points can be split between continence and wound specialties.)

Please refer to “Definitions of AP Terms” on pages 8-9 for complete description and examples of activities.

Acceptable ActivitiesAP Points Awarded

1. Establishing a wound, ostomy or continence nursing service*
 - Writing a proposal10 per specialty
 - Developing initial policies and procedures++10 per specialty
 - Developing a billing procedure10 per specialty

2. Establishing a wound, ostomy or continence multidisciplinary* service
 - Writing a proposal15 per specialty
 - Developing initial policies and procedures ++15 per specialty
 - Developing a billing procedure15 per specialty

3. Team/committee/task force focused on wound, ostomy or continence care
 - Establish10 per specialty
 - Chair10 per specialty
 - Member5 per specialty

4. Establishing an independent (self-employed) WOC practice.....50 per certification period
(can be split between specialties)

5. Public health policy development ++30 per specialty

6. Quality improvement (QI) project* ++25 per specialty

Please summarize your QI project by answering the following questions on the Verification Form:

 1. What was the clinical challenge?
 2. How was the challenge identified?
 3. What actions were implemented to address the project?
 4. Describe the evaluation process
 5. What were the results of the project?

7. Clinical Pathway development * ++.....25 per specialty

8. Policy/procedures in existing practice ++
 - Develop original5 points per policy, up to 25 max
 - Revising existing3 points per policy, up to 15 max

**Please refer to “Definitions of AP Terms” on pages 8-9 for complete description and examples of activities.*

++ Can be applied as research activities

INSTRUCTIONS / WORKSHEET ACTIVITY CATEGORY B: PROGRAM OR PROJECT ACTIVITIES

Acceptable Activities	PGP Points Awarded
9. Competency based tools*	
• Original.....	5 points, up to 25 max,
• Revised.....	3 points, up to 15 max.
10. Collection and analysis of outcome data or case study data ++	10 per specialty
(Derived from clinical practice and not part of a formal research project.)	
11. Grant Activities* (non-research based)	20 points per specialty
(e.g., grant money for educational development; or to obtain equipment)	
12. Prevalence and/or Incidence Study.....	5 per study
(Maximum: 10 AP points per specialty)	
13. Expert consultation on a legal case related to WOC patient	10 points per case
(Maximum: 10 AP points per specialty)	
14. Item writing for WOCNCB certification exam	3 points per item
(Refer to www.wocncb.org website on “How to Get Involved” for item writing guidelines. Items are reviewed and considered twice annually by the exam committee and must be approved. The approval letter must be submitted with the portfolio.)	
(Maximum: 15 per specialty)	
15. Arranging a Product Fair	5 points
16. Product Formulary ++	
• Developing	10 points per specialty.
• Revising.....	5 points
17. Webmaster (electronic information systems related to WOC nursing)	
• Develop	10 points per website, max 20 per cert.
• Maintain data for.	5 points per year/max 25 per cert.
18. Standardized Care Plans ++.....	5 points (Maximum 15 per specialty)

**Please refer to “Definitions of AP Terms” on pages 8-9 for complete description and examples of activities.
++Can be applied as research activities*

Documentation Required if Audited

- #B 1–10, B12 and B15 – 18: Submit documentation to substantiate the activity.
- #B-11: Copy of letter of approval (IRB or equivalent)
- #B-13: Present a letter from the law firm for whom the consultation was performed.
- #B-14: Letter from the WOCNCB Exam Committee Liaison.

Please check the www.wocncb.org website for updated activities that may have been assigned points since this handbook printing.

**VERIFICATION FORM
CATEGORY B
PROGRAM / PROJECT ACTIVITIES**

Name _____

A minimum of 10 points are required from Category B and must be included in your portfolio. A maximum of 80 points are allowed.

Check one: wound ostomy continence

Check one activity number: 1 2 3 4 5 6 7 8 9 10 11
 12 13 14 15 16 17 18

Complete this form for **each program or project**.

1. Date activity completed: _____

2. Summarize purpose and/or assessment of need for program, project, or case as it relates to specialty area.

3. Provide an overview of the implementation of program / project as it relates to specialty area.

4. Evaluation of program / project (implications for clinical practice) as it relates to specialty area.

5. For activity B-6, please summarize your QI project by answering these additional questions on the Verification Form:
 1. What was the clinical challenge?
 2. How was the challenge identified?
 3. What actions were implemented to address the project?
 4. Describe the evaluation process
 5. What were the results of the project?

AP Points claimed for this activity: _____ <i>(Transfer this total to Point Log)</i>
--

INSTRUCTIONS / WORKSHEET

CATEGORY C: RESEARCH ACTIVITIES

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 80 points are allowed.

The CWOCN- AP carries with it an understanding that the APN in specialty practice can demonstrate knowledge application evidenced by an ability to translate research into their practice, improve current practice and outcomes based upon evidence and if the opportunity presents itself, participate in research related activities as either a primary investigator or secondary participant. Thus it is a requirement of the CWOCN-AP portfolio to demonstrate such activity in one of two ways. To earn the required 10 points to apply as research points, the activity must show evidence of the participation in or application of research that improves current practice and/or patient outcomes.

Participation In Research

- I. To receive AP points in Category C, you must have served as the principal or co-investigator, author or co-author of a study proposal / grant, or had the primary responsibility for a research activity such as collecting/analyzing data. Research activities must relate to the care of the wound, ostomy and/or continence patient and must be Institutional Review Board (IRB) approved or equivalent.

Acceptable ActivityAP Points Awarded

1. Developing a study proposal.....	45
2. Grant writing.....	45
3. Developing or testing of a research tool	30
4. Data collection and analysis.....	20
5. Writing a report of research finding(s)	20

Documentation Required if Audited

1. A copy of the study proposal.
2. A copy of grant application.
3. A copy of the research tool.
4. Submit documentation to substantiate the activity.
5. A copy of the research report.

- OR -

Application of Research

- II. To receive the required AP research points, a candidate must complete one of the following activities from Category B or D. It is expected these activities would include a thorough literature review and reflect translation of research into practice. Refer to Category B or D for details, including documentation required if audited.

Acceptable ActivityAP Points Awarded

- a. B - 1 Establishing a wound, ostomy or continence nursing service: Developing initial policies and procedures 10 per specialty
- b. B – 2 Establishing a wound, ostomy or continence multidisciplinary service: Developing initial policies and procedures 15 per specialty
- c. B – 5 Public health policy development 30 per specialty
- d. B – 6 Quality improvement (QI) project* 25 per specialty
- e. B – 7 Clinical Pathway development * 25 per specialty
- f. B – 8 Policy/procedures in existing practice
 - i. Develop original 5 points per policy, up to 25 max
 - ii. Revising existing 3 points per policy, up to 15 max
- g. B – 10 Collection and analysis of outcome data or case study data 10 per specialty (Derived from clinical practice and not part of a formal research project.)
- h. B – 16 Product Formulary
 - i. Developing 10 points per specialty.
 - ii. Revising..... 5 points
- i. B – 18 Standardized Care Plans 5 points (Maximum 15 per specialty)
- j. D – 1 Textbook: Author or Co-author 70 points
- k. D – 2 Chapter: Author or co-author 35 points
- l. D – 3 Peer-reviewed Journal Article: Author or co-author 25 points
- m. D – 4 Case Study: Author or co-author 10 points (20 max per specialty)

**Please refer to “Definitions of AP Terms” on pages 8-9 for complete description and examples of activities.*

**VERIFICATION FORM
CATEGORY C:
RESEARCH ACTIVITIES**

Complete this form for **each program or project** from Category B.

Name _____

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 80 points are allowed.

Check one: wound ostomy continence

Check an activity number: B 1 2 5 6 7 8 10 16 18

Complete this form for **each program or project** from Category B.

1. Date activity completed: _____

2. Describe the purpose for the program or project, as it relates to AP specialty area.

3. Summarize the results of the review of literature that supported the project. Supply a reference list.

4. Provide an overview of the implementation of program / project as it relates to AP specialty area.

5. Describe how the project improved practice or patient outcomes.

**VERIFICATION FORM
CATEGORY C:
RESEARCH ACTIVITIES**

Complete this form for **each program or project** from Category D.

Name _____

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 80 points are allowed.

Check one: wound ostomy continence

Check an activity number: D 1 2 3 4

	EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
Date of Publication	January 2007	
Title of Work / Publication	Example: Journal article: "CAUTI: Prevention and Treatment Strategies"	
Synopsis of Material	Article written that presents current evidenced based interventions to prevent CAUTIs and current effective treatment strategies.	
Type of Work (Book, Chapter, Journal)	Peer Reviewed Journal Article	
Published In	JWOCN	
Objectives	<ul style="list-style-type: none"> ▶ Accurately diagnose CAUTIs ▶ Discuss effective strategies to prevent CAUTI ▶ Devise an effective treatment plan for patients with CAUTI 	
Content Outline	<ul style="list-style-type: none"> ▶ Prevalence and incidence of CAUTI ▶ Review of literature ▶ Diagnosis of CAUTI ▶ Prevention strategies ▶ Treatment strategies <ul style="list-style-type: none"> ▶ Changing Urine pH ▶ Effective Pharmacological treatment 	

AP POINTS CLAIMED FOR THIS ACTIVITY _____
(Transfer this total to Point Log)

**VERIFICATION FORM
CATEGORY C:
RESEARCH ACTIVITIES**

Name _____

A minimum of 10 points are required from Category C and must be included in your portfolio. A maximum of 80 points are allowed.

Check one: wound ostomy continence

Check an activity number: 1 2 3 4 5

Date activity completed: _____

1. Define role in research activity:

2. Describe the research activity:

<p>AP Points claimed for this activity: _____ <i>(Transfer this total to Point Log)</i></p>
--

(copy as needed)

INSTRUCTIONS / WORKSHEET

ACTIVITY CATEGORY D: PUBLICATION ACTIVITIES

A minimum of 20 points are required from Category D and must be included in your portfolio. A maximum of 100 points are allowed.

You must be the author or co-author or contributor of these activities, and have completed them during your last five-year certification period. All publications must relate to the care of wound, ostomy and/or continence topics and must be applied to the specific specialty area in which certification is being sought. Topics related to professional practice may be applied to any specialty area and must be directly related to the practice of WOC nursing.

Acceptable ActivitiesAP Points Awarded

1. <u>TEXTBOOK</u>	A. Author or Co-author ++	70
	B. Editing.....	60
	C. Reviewing* content	30
2. <u>CHAPTER</u>	A. Author or co-author ++.....	35
	B. Contributing*	20
	C. Reviewing*	10
3. <u>JOURNAL ARTICLE</u> (Peer Reviewed)	A. Author or co-author ++.....	25
	B. Reviewing	10
4. <u>CASE STUDY</u>	Author or co-author ++.....	10 (20 max per specialty)
5. <u>ABSTRACT</u>	Author or co-author	10
6. <u>EDITORIAL</u>	Author or co-author	5
7. <u>NEWSLETTER</u>	A. Editor	20
	B. Contributor* of article.....	5
8. <u>OTHER PUBLICATIONS</u> (e.g., newspaper article, Best Practice Document reviewer)		5

DEVELOPMENT OF ORIGINAL EDUCATION TOOLS

9. Developing a healthcare professional fact sheet *	5 points (max 15 per specialty)
10. Develop patient education tool*	5 points (max 15 per specialty)
11. Develop Original Learning module*	20 per specialty
12. Writing brochure / pamphlet *	5 points (max 15 per specialty)
13. Create WOC Documentation Form (<i>Electronic or paper forms created to chart WOC patients</i>)	
• Original.....	5 points, max 15 per cert period
• Revise	3 points, max 9 per cert period

*Please refer to “Definitions of AP Terms” on pages 8-9 for complete description and examples of activities.

++Can be applied as Research Activities

Documentation Required if Audited

1. Submit documentation to substantiate the activity:
 - a. A copy of short publications (e.g., journal article, book chapter, fact sheet, brochure, etc.)
 - b. For longer publications (e.g., textbook) – a copy of the title page, page showing date of publication, and table of contents page where the certificant’s name is listed as an author.

**VERIFICATION FORM
CATEGORY D
PUBLICATION ACTIVITY**

Name _____

A minimum of 20 points are required from Category D and must be included in your portfolio. A maximum of 100 points are allowed.

1. Check one: wound ostomy continence
2. Activity Area: 1 2 3 4 6 7 8 9 10 11 12 13
3. Complete a separate form for **each** activity/publication.

	EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
Date of Publication	January 2007	
Title of Work / Publication	Example: Journal article: CAUTI: Prevention and Treatment Strategies”	
Synopsis of Material	Article written that presents current evidenced based interventions to prevent CAUTIs and current effective treatment strategies.	
Type of Work (Book, Chapter, Journal)	Peer Reviewed Article	
Published In	JWOCN	
Objectives	<ul style="list-style-type: none"> ▶ Accurately diagnose CAUTIs ▶ Discuss effective strategies to prevent CAUTI ▶ Devise an effective treatment plan for patients with CAUTI 	
Content Outline	<ul style="list-style-type: none"> ▶ Prevalence and incidence of CAUTI ▶ Diagnosis of CAUTI ▶ Prevention strategies ▶ Treatment strategies ▶ Changing Urine pH ▶ Effective Pharmacologic treatment 	
AP POINTS CLAIMED FOR THIS ACTIVITY _____ <i>(Transfer this total to Point Log)</i>		

INSTRUCTIONS / WORKSHEET

CATEGORY E: TEACHING ACTIVITIES

A minimum of 20 points are required from Category E and must be included in your portfolio. A maximum of 100 points are allowed.

To receive AP points, teaching activities must occur in the classroom, clinical area or a combination of these settings. You must be the instructor with a structured framework of teaching/learning. You will not receive additional AP points for repeating presentations/lectures, etc., unless the content clearly has been altered.

Acceptable ActivityAP Points Awarded

1. Presentations/lectures1 point per 15 minutes of presentation
2. Professional Conference presentation/lecture
/workshop.....10 points for each CEU
3. Primary Author of Conference poster presentation10 points
4. Preceptor for WOC, DNP students,
or AP nursing students1 point for every 4 hours of Precepting
5. Clinical education of nursing/medical professionals
(i.e., mentoring, orientation, job shadowing for
residents, interns, physicians, PT, NP, CNS, PA).....1 point for every 8 hours of time
6. Expert consultation at a Medical Event1 point (max. 3 per specialty)
(i.e., health fair, screening clinic, supplier clinic,
product fair)

Preceptees may include:

- ✓ Resident/Interns/Physicians
- ✓ Physical Therapists
- ✓ Physician's Assistants
- ✓ WOCN Students
- ✓ Graduate/Doctoral Nursing Students
- ✓ Nurse Practitioners/Clinical Nurse Specialists

Documentation if audited

Submit documentation to substantiate teaching activity.

Examples:

Presentation or lecture – completed sign-in sheet, brochure or letter of agreement.

Poster presentation – proof of acceptance of the poster.

Precepting – letter of agreement or written validation of precepting experience.

VERIFICATION FORM
CATEGORY E-1, E-2 AND E-6 TEACHING ACTIVITIES
(PRESENTATIONS / LECTURES)

Name _____

A minimum of 20 points are required from Category E and must be included in your portfolio. A maximum of 100 points are allowed.

Check one: wound ostomy continence

Check Activity Number 1 2 6

Complete a separate form for **each** teaching activity.

Title:

Date Offered:

Objectives (list 3):

Summary of Teaching Content:

Evaluation Method:

Length of offering (in minutes): _____ divided by 15 = _____ AP Points

Number of contact hours offered: _____ multiplied by 10 = _____ AP Points

AP POINTS CLAIMED FOR THIS ACTIVITY _____ <i>(Transfer this total to Point Log)</i>

**VERIFICATION FORM
CATEGORY E-3
POSTER PRESENTATIONS**

Name _____

A minimum of 20 points are required from Category E and must be included in your portfolio. A maximum of 100 points are allowed.

Check one: wound ostomy continence
Complete a separate form for **each** poster presentation.

Title of poster presentation: _____

Where presented: _____

When presented: _____

AP POINTS CLAIMED FOR THIS ACTIVITY 10

(Transfer this total to Point Log)

Documentation Required if Audited

Submit copy of abstract.

**VERIFICATION FORM
CATEGORY E-4 and E-5
PRECEPTING ACTIVITIES**

Name _____

A minimum of 20 points are required from Category E and must be included in your portfolio. A maximum of 100 points are allowed.

1. Check one: wound ostomy continence
2. Check activity number: 4 5
3. Complete a separate form for each precepting activity.

I affirm that I have served as a preceptor for: _____
(Institution Name)

Number of students: _____

Type of student: _____

Total hours: _____ divided by 4 = _____ Total AP Points (WOC, DNP, or AP students)

Or,

Total hours: _____ divided by 8 = _____ Total AP Points (other nursing/medical professionals)

(It is suggested that you keep track of precepting hours by wound, ostomy, and continence specialties in case of audit. Please refer to www.wocncb.org website for sample precepting tracking forms.)

AP POINTS CLAIMED FOR THIS ACTIVITY _____ <i>(Transfer this total to Point Log)</i>

**VERIFICATION FORM
CATEGORY E-4 and E-5
Preceptor Documentation**

Preceptor _____

Institution _____

To be completed by faculty coordinating the preceptorship.

The individual named above has completed _____ hours of preceptorship in the areas of ___wound ___ostomy
___continence for _____.
Name of educational institution and program. E.g. XX University, WOC Program

The dates for the preceptorship were _____ to _____.

Faculty Coordinator: _____

Educational Institution/Program: _____

Address: _____

Phone; _____

Faculty Signature _____ Date: _____

**VERIFICATION FORM
CATEGORY F:
PROFESSIONAL ORGANIZATION INVOLVEMENT**

Name _____

1. Complete a separate form for each specialty area. Check one: wound ostomy continence
2. No minimum number of points required for this category; maximum of 80 points allowed.

Acceptable Activity	Name of Office, Task Force, Committee, or Organization	# of Years Served	Points per Year	Total Points
Professional Nursing Organizations				
1. Officer at a national level			35	
2. Committee or task force chair at a national level			25	
3. Officer at the regional/ state level			15	
4. Officer at the affiliate/ local level			10	
5. Committee member at the national level			10	
6. Committee or task force chair at the regional/ state/affiliate/local level			5	
7. Committee member at the regional/state/affiliate/ local level			3	
Total AP Points <i>(Transfer this total to Point Log)</i>				

Participating in national / regional / state / affiliate and local professional nursing organizations related to the wound, ostomy and continence specialty provides a mechanism for contributing to growth of the specialty and is designated for AP points. Participation in other nursing specialty organizations whose mission is directly related to the care and/or support of wound, ostomy and/or continence patients is also acceptable for AP points. Examples of these acceptable organizations are the Society of Urologic Nurses and Associates (SUNA), American Association of Rehabilitation Nurses (AARN), or the Association for the Advancement of Wound Care (AAWC). AP Points are awarded for each year of office served and can be used for AP points only in the specialty for which the organization is noted. Serving on institutional or agency committees is not acceptable for earning AP points.

Public health policy activities may involve representation of professional organizations at the national, regional or state level, e.g. participation in consensus groups meetings, testimony for regulatory bodies, development of documents related to public health policy decisions.

(copy as needed)

**VERIFICATION FORM
CATEGORY G:
ACADEMIC EDUCATION / AP CERTIFICATION**

Name _____

Complete a separate form for each specialty. Check one: wound ostomy continence
No minimum number of points required for this category; maximum of 80 points allowed.

Acceptable ActivityAP Points Awarded

1. Initial APN National Certification45 Points
2. Maintaining APN National Certification45 Points
3. Attaining / Maintaining Prescriptive Authority.....15 points
4. Academic Education.....5 points for each semester credit hour earned

Post-graduate credits must be from an accredited college or university. Credits must relate to wound, ostomy and/or continence nursing, or be credits related to health care, management, teaching or the biopsychosocial knowledge base of human services.

Examples of acceptable courses

Advanced Physical Assessment, Advanced Pharmacology, Advanced Anatomy and Physiology
Business, Ethics, Education classes (e.g. Adult Learning Theory), Health Care Management

Activity Number	School or Activity	Date	Semester/ Quarter	Credit Hours	Points
Total AP Points <i>(Transfer this total to Point Log)</i>					

Documentation required if audited

Submission of transcripts.

INSTRUCTIONS / WORKSHEET CATEGORY H COMPREHENSIVE CLINICAL SCENARIO

The purpose of the comprehensive clinical scenario is to demonstrate the candidate's ability to integrate the skills of the advanced practice clinician into WOC specialty practice. This document will illustrate the candidate's ability to:

- Perform a comprehensive patient assessment
- Demonstrate critical thinking and diagnostic reasoning skills in clinical decision-making
- Utilize evidence-based practice standards
- Design and implement an appropriate integrative plan of care
- Evaluate patient outcomes and modify the plan as needed

A separate clinical scenario should be submitted for each specialty area in which AP certification is sought. Each scenario should be succinct, clearly written, grammatically correct and not exceed 5 pages using Times New Roman font, size 12.

The document should reflect actual care provided or directed by the applicant and **clearly demonstrate practice skills that exceed that of a non-advanced practice WOC nurse**. It is recommended that the candidate choose a complex, recent patient where creativity, innovation or recent clinical evidence did or might have had a significant impact on outcomes. Applicants are free to choose either a patient who experienced positive outcomes or one with less-than-desired outcomes. In the latter case, consider putting special emphasis on the Evaluation of Plan of Care section.

1. Statement of the wound, ostomy or continence problem
2. History of the problem including prior treatments and their effectiveness.
3. Past Medical History
4. Current medications
5. Pertinent family and social history
6. Allergies
7. Comprehensive problem focused physical examination
8. Diagnostic testing/evaluation
9. Differential Diagnoses with rationales and likelihood statements
10. Plan of care
 - a. Additional testing needed
 - b. Consultations and referrals with reason and outcome (if available)
 - c. Evidence based therapeutic interventions
 - d. Discharge planning for transfer to next level of care
 - e. Expected outcomes and measurement criteria
 - f. Anticipatory guidance* and teaching
 - g. Advocacy
11. Evaluation of the plan of care
12. Pertinent references.

This activity is worth 10 AP points per specialty. **Please refer to "Definitions of AP Terms" on pages 8-9.*

Minimum Points Required = 10 points per specialty application.

Maximum Points Allowed = 10 points per specialty application.

INSTRUCTIONS / WORKSHEET CATEGORY I: PRE-APPROVAL FOR PROJECTS / ACTIVITIES NOT DEFINED

Instructions Projects and activities not defined in the Professional Growth Program (AP) Handbook must be submitted to the AP Committee for pre-approval. The request for pre-approval may be sent any time within the certification period, but must be at least one (1) month prior to AP application deadline. The AP Committee will review the request for pre-approval and make a decision of acceptability. It is required you use this Pre-Approval Form to summarize the project or activity. Other documentation is not acceptable. You may also check the www.wocncb.org website for updated activities that may have been assigned points since this handbook printing.

**VERIFICATION
CATEGORY I
PRE-APPROVAL FOR PROJECTS / ACTIVITIES NOT DEFINED**

Name _____ Date _____

Check one: wound ostomy continence

Category _____

Complete this form for each project or activity.

1. Date activity completed: _____
2. Summarize activity as it relates to specialty area.

3. Provide an overview of the implementation of program / project as it relates to specialty area.

4. Evaluation of program / project (implications for clinical practice) as it relates to specialty area.

FOR OFFICE USE ONLY			
AP Committee Reviewed _____	Points Assigned _____	Category _____	Date _____

