



Professional Growth Program Handbook

For Recertification in Foot Care Nursing

WOCNCB is accredited by the
American Board of Nursing Specialties (ABNS)
and the
National Commission for Certifying Agencies (NCCA)



Professional Growth Program Handbook
For Recertification in Foot Care Nursing
is a publication of the WOCNCB®

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Note: Printed copies are \$6.00 each. The Handbook and/or Verification Forms may also be downloaded and printed from the WOCNCB web site, www.wocncb.org.

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PREFACE

Mission Statement

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

Certification Statement

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB) supports and endorses the concept of voluntary, periodic certification by examination 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.

Professional Growth Program

This document was developed by the Professional Growth Program Committee of the WOCNCB.

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Approved by the WOCNCB Board: **January 2009**

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

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

COMPLETION TIPS AND CHECKLIST

TIPS:

- ✓ Begin compiling your PGP materials early. Don't wait until the year your certification expires to begin.
- ✓ Keep accurate and detailed records of your activities that count toward PGP points.
- ✓ Check the deadline for submitting your application and forms. Certificants must finish required points prior to the application deadline.
- ✓ Check on the WOCNCB website about a year before you re-certify. **The handbook changes every 2 years, and you will need to follow the current handbook and forms in order to be eligible to re-certify.**
- ✓ Your application, point logs and verification forms must be typed or computer generated or the WOCNCB will return your portfolio.
- ✓ Electronic forms are available for downloading from the www.wocncb.org website; and your application/portfolio may be sent to info@wocncb.org via e-mail attachment and is then considered your original recertification packet. Check payment may be sent separately if applying electronically and a duplicate portfolio should not be sent.
- ✓ WOCNCB certification and current RN licensure will be verified by WOCNCB staff. Please check with your state board of nursing to be sure your most current licensure is listed on their website.
- ✓ Do not submit point logs with excess points (e.g. over 85). Packets that contain excess points will be returned.
- ✓ Be aware of postmark deadline dates and mail your application via a traceable method that requires a signature. (*Special note: Certified mail is only traceable if you request and pay extra for tracking.*)
- ✓ You may submit a project or activity for pre-approval of PGP points, if it is not already outlined in the PGP Handbook. Submit the Category I pre-approval form on page 34 any time but at least one (1) month prior to the application deadline.
- ✓ Review the PGP algorithm flowchart on page 13 that describes the process.
- ✓ 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:

- Completed application form (page 14) – typed or computer generated
- Point logs – typed or computer generated
- Complete all necessary Verification Forms* – typed or computer generated
 - *40 PGP points out of the 80 required must directly relate to foot care.
 - *Category A (CEUs) requires a minimum of 10 points that directly relate to the foot care specialty.
 - *Certificants must complete the required CEU courses prior to the application deadline.
- Make your check payable to the WOCNCB or use credit card payment on application.
- Send the completed PGP application and all necessary forms and documentation to the WOCNCB, 555 E. Wells St., Suite 1100, Milwaukee, WI 53202. You may also fax to (414) 276-2146 or email with attachment.
- Be sure you have 80 PGP Points.

POINTS REQUIRED AND/OR ALLOWED FOR EACH CATEGORY	Category	Minimum Points Required	Maximum Points Allowed	Activities with Max. points *
	A Continuing Education	10 related to specialty	30	
	B Program or Project	None	70*	*see pages 17 – 19
	C Research	None	70	
	D Publication	None	70*	*see page 22
	E Teaching	None	70	
	F Professional Orgs.	None	40	
	G Academic Education	None	40	
	H Self Assessment	None	5	
	I Pre-Approval of Non-Defined	None	To be determined	

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 issues. 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, continence and/or foot care nursing by passing the exam OR by fulfilling the activity requirements of the Professional Growth Program (PGP).

ACCREDITATION

ABNS

The WOCNCB has earned 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 also 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 among certificants on any basis 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, continence (WOC) and/or foot care 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.

PGP Eligibility Requirements

To be eligible for the WOCNCB Professional Growth Program, a certificant must fulfill the following requirements:

1. Hold current RN licensure. (WOCNCB staff will verify current licensure via review on state board websites.)
2. Hold current WOCNCB CFCN[®] certification. (WOCNCB staff will verify current certification upon receipt of application.)
3. **It is not permissible to recertify through the Professional Growth Program if you first fail the examination for that recertification cycle.**

About the Professional Growth Program (PGP)

To recertify, certificants may either take the Foot Care exam OR submit a Professional Growth Program (PGP) portfolio. The WOCNCB established the PGP to recognize activities which go beyond routine Foot Care practice or which represent progression of practice along the novice-to-expert continuum. The PGP recertification alternative allows certificants to demonstrate their knowledge of wound, ostomy, continence and/or foot care nursing by tracking and recording evidence of their continual learning and professional growth. It is based on accumulating PGP points for activities related to professional growth. The applicant is encouraged to use evidence-based practice in the activities used to recertify.

PGP certificants may fulfill the point requirements by choosing from nine categories (see page 1). These categories include activities that demonstrate the practitioner's achievement of a mature level of practice and the ability to apply this experience to practice. Some activities may be performed due to initiatives of the employer of the WOC or Foot Care nurse, some will result from independent practice, and some will reflect the personal interests of the practitioner.

The Professional Growth Program is to be used for recertification only after basic Foot Care nursing practice knowledge has been demonstrated by examination. If you've missed the exam application deadline, your credentials are considered lapsed for the next exam testing cycle. In order to certify again, you must meet the Eligibility Requirements outlined in the WOCNCB Foot Care Examination Handbook.

FEE AND APPLICATION PROCESS

Upon receipt of your application, the WOCNCB will verify your current CFCN certification and state RN licensure. The candidate must submit the following by the postmark deadline three (3) months prior to your certificate expiration, but no more than six (6) months prior to the expiration of your current certification:

- ❑ Completed application (including Point Logs and Verification Forms – typed or computer generated.)
- ❑ Fees: \$300

You are advised to keep a copy of your recertification 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**
555 E. Wells St., Suite 1100
Milwaukee, WI 53202
1-888-496-2622 / www.wocncb.org

Application Schedules

Submit your PGP materials by the postmark deadlines listed below. Certificants must complete their required points prior to the application deadline. *Example:* if your certification expires in June of 2010, you must submit your application by the postmark deadline of February 15, 2010. PGP points earned after the above application deadlines will be applicable to your next five-year recertification period.

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

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 written request with rationale and extenuating circumstances must be submitted 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 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.

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.

INSTRUCTIONS

PGP Points

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

- A. Continuing Education
- B. Program or Project Activities
- C. Research
- D. Publication
- E. Teaching
- F. Involvement in Professional Organizations
- G. Academic Education
- H. Self Assessment
- I. Pre-Approval of Non-Defined Activity

Each category contains activities which are assigned a specific value in PGP points. Each category is assigned a letter and each activity is assigned a number. Prior to the application deadline, a minimum of 80 PGP points must be earned during the current five-year certification period.

Your portfolio must contain 80 points total. Forty (40) of these points must directly relate to the foot care specialty. The remaining 40 points can come from professional practice topics. A minimum of ten (10) of these points must come from Category A (CEU's) but may not exceed 30 points. These 10 points must be directly related to the specialty. If you choose to submit 30 CEUs, then 20 must directly relate to the specialty and the remaining 10 can come from professional practice.

NOTE: It is not permissible to duplicate activities used for PGP points from WOC certification over to CFCN. The WOCNCB will review all PGP documentation for comparison.

PROFESSIONAL PRACTICE

Professional Practice is defined as courses or activities that are not clinically related to foot care specific activities, **which impact or enhance the role of a Foot Care Nurse**. Here are some examples: “Marketing Your Business”, “Legal Issues”, “Integrating Technology and Outpatient Billing/Reimbursement”.

(See page 10 for additional PGP definitions of terms.)

A couple of other important things to remember:

- ✓ You must complete the required 10 CEU points prior to the application deadline.
- ✓ PGP points earned after the above application deadlines will be applicable to your next five-year recertification period.

	Category	Minimum Points Required	Maximum Points Allowed	Activities with Max. points *
POINTS REQUIRED AND/OR ALLOWED FOR EACH CATEGORY	A Continuing Education	10 related to specialty	30	
	B Program or Project	None	70*	*see pages 17 – 19
	C Research	None	70	
	D Publication	None	70*	*see page 22
	E Teaching	None	70	
	F Professional Orgs.	None	40	
	G Academic Education	None	40	
	H Self Assessment	None	5	
	I Pre-Approval of Non-Defined	None	To be determined	

INSTRUCTIONS, cont'd.

Point Logs

You will need to fill out a Point Log. 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 (e.g. over 85), or the packet will be returned.

You will notice on the Point Log that for category A-1 (CEUs) the line has been completed, except for the number of credits 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	2005 – 2009	30
E	1	Teaching	2005 – 2009	20
G	1	Academics	2005 – 2009	30
TOTAL POINTS				80

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 PGP points, if it is not already outlined in the PGP Handbook. Submit the Category I pre-approval form on page 34 any time but at least one (1) month prior to the application deadline.

NOTE: It is not permissible to duplicate activities used for PGP points from WOC certification over to CFCN. The WOCNCB will review all PGP documentation for comparison.

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 “Annual Symposium on Advanced Foot 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 10 CEU points. Please note, there is a maximum of 30 CEUs allowed in Category A. To calculate PGP points in this category, refer to the Worksheet/Instructions on pages 15 – 16.

Electronic Submission of PGP Portfolios

The WOCNCB encourages candidates recertifying via the Professional Growth Program (PGP) to submit their application portfolio via electronic means. You may use the PGP forms found on the www.wocncb.org 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 PGP 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.

Questions

If you have any questions about the PGP 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 PGP 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 PGP portfolio is evaluated by a PGP reviewer.

This is an overview of all activities in each category of the PGP Handbook from which you can develop your portfolio.

PGP ACTIVITIES LIST

CATEGORY	ACTIVITY NUMBER	ACTIVITY	VALUE	
A. Continuing Education	1.	CEUs	1 point each 60 minute session	
B. Programs / Projects	1. Establish a foot care nursing service	<ul style="list-style-type: none"> • Writing a proposal • Developing initial policies and procedures • Developing a billing procedure 	10	
	2. Establishing a foot care multidisciplinary service	<ul style="list-style-type: none"> • Writing a proposal • Developing initial policies and procedures • Developing a billing procedure 	15	
	3. Team/committee/task force focused on foot care	<ul style="list-style-type: none"> • Establish • Chair • Member 	10 10 5	
	4.	Establishing an independent (self-employed) Foot Care practice	50 per certification period	
	5.	Public health policy development	30	
	6.	Quality improvement (QI) project	25	
	7.	Clinical pathway development	25	
	8. Policy/procedures in existing practice	<ul style="list-style-type: none"> • Develop original policy • Revising existing 	5 points (<i>max 25</i>) 3 points per policy (<i>max 15</i>)	
	9. Competency based tools	<ul style="list-style-type: none"> • Original • Revised 	5 points (<i>max 25</i>) 3 points (<i>max 15</i>)	
	10.	Collection and analysis of outcome data or case study data	10	
	11.	Grant Activities (non-research based)	20 points	
	12.	Prevalence and/or Incidence Study	5 per study (<i>Max 10 / per certification period</i>)	
	13.	Expert consultation on a legal case related to foot care patient	10 points per case (<i>Max 10 PGP points /per certification period</i>)	
	14.	Item writing for foot care certification exam	3 points per item (<i>max 15</i>)	
	15.	Arranging a Product Fair	5 points	
	16.	Product Formulary	<ul style="list-style-type: none"> • Developing • Revising 	<ul style="list-style-type: none"> • 10 points • 5 points
	17. Webmaster (electronic information systems related to Foot Care nursing)	<ul style="list-style-type: none"> • Develop • Maintain data for 	<ul style="list-style-type: none"> • 10 points per website (<i>max 20 per cert period</i>) • 5 points per year (<i>max 25 per cert period</i>) 	
	18.	Standardized Care Plans	5 points (<i>max 15</i>)	

PGP ACTIVITIES LIST

CATEGORY	ACTIVITY NUMBER	ACTIVITY	VALUE
C. Research	1.	Developing a study proposal	45
	2.	Grant Writing (IRB or equivalent)	45
	3.	Developing or testing of a research tool	30
	4.	Data Collection	20
	5.	Data Analysis	20
D. Publications	1. Textbook	A. Author or Co-author B. Editing C. Reviewing content	A. 70 B. 60 C. 30
	2. Chapter	A. Author or co-author B. Contributing C. Reviewing	A. 35 B. 20 C. 10
	3. Journal Article	A. Author or co-author B. Reviewing	A. 25 B. 10
	4. Case Study	Author or co-author	10 (<i>max 20</i>)
	5. Abstract	Author or co-author	10
	6. Editorial	Author or co-author	5
	7. Newsletter	A. Editor B. Contributor of article	20 5
	8. Other Publications (e.g., newspaper article, Best Practice Document reviewer)		5
	9.	Developing a healthcare professional fact sheet	5 points (<i>max 15</i>)
	10.	Develop patient education tool	5 points (<i>max 15</i>)
	11.	Develop original Learning module	20
	12.	Writing brochure / pamphlet	5 points (<i>max 15</i>)
	13.	Create Foot Care Documentation Form (<i>Electronic or paper forms created to chart foot care patients</i>) • Original • Revise	• 5 points (<i>max 15 per cert period</i>) • 3 points (<i>max 9 per cert period</i>)
E. Teaching	1.	Presentations/lectures (CEU or non-CEU)	1 point per 15 min of presentation
	2.	Conference poster presentation	10 points
	3.	Precepting Foot Care Nursing Education Program students	1 point for every 4 hours of precepting
	4.	Clinical education of nursing / medical professionals	1 point for every 8 hours of time
	5.	Expert Consultation at Medical Event (<i>e.g., health fair, screening clinics, supplier clinic, product fair</i>)	1 point, max 3
	6.	Developing an education program (CEU or non-CEU)	2 points per 15 min. of presentation
	7.	Additional points awarded for programs awarded CEUs	5 points per program
	8.	Revising an education program	1 point per 15 min. of presentation

PGP ACTIVITIES LIST

CATEGORY	ACTIVITY NUMBER	ACTIVITY	VALUE
F. Involvement in Prof. Orgs.	1.	Officer at a national level	20
	2.	Committee or task force chair / coordinator at a national level	15
	3.	Officer at the regional / state / affiliate / local level	10
	4.	Committee or task force member at the national level	10
	5.	Committee or task force chair at the regional/state/affiliate/local level	8
	6.	Committee or task force member at the regional / state / affiliate / local level	5
	7.	Institution/Facility/Agency Product Committee related to Foot Care practice	3 points/year (<i>max 15 per cert period</i>)
	8.	Member of National Buying Group Committee	10 points per certification period
	9.	Forums for Advisory Panel	1 point per panel (<i>max 3/cert period</i>)
	10.	Volunteer work for patient support organizations	5
G. Academic Education	1.	Academic courses	Five (5) PGP points awarded for each semester credit hour earned. or Three (3) PGP points awarded for each quarter credit hour earned.
H. Self Assessment	1.	Self assessment	5
I. Pre-Approval	1.	Activity not defined above	Points will be determined

DEFINITIONS FOR PGP TERMS

The following definitions were 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 PGP 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 PGP portfolio is evaluated by a PGP reviewer.*)

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

Example: You develop a tri-fold marketing piece outlining the foot care nursing 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.

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

Example: You develop a clinical fact sheet to differentiate different types of common foot abnormalities.

Community Foot /Nail Clinic: An opportunity within the community to provide free or low cost foot screenings. This may be limited to assessment, but may include recommendations for treatment or with consents may even include treatment.

Competency Based Tool: An educational activity that measures the foot care nursing skills and knowledge of the nursing staff.

Example: You then complete a comprehensive diabetic foot assessment, testing for intact protective sensation using the Semmes Weinstein monofilament.

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

Establish Foot Care Nursing Service: Establishing a foot care nursing practice in which the Foot Care Nurse is responsible for the care of foot care issues within a healthcare setting.

Example: You take a newly created hospital position as a Foot Care Nurse. Your responsibilities are to define your nursing role and responsibilities, establish the hospital's policy and procedures for foot care patients, and develop a billing procedure.

Forum for Advisory Panel: Providing a voluntary role as a consultant on various CFCN 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 proper method to trim toenails.

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 foot care 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 Foot Care Policy and successfully pass a written test on the subject.

Multidisciplinary Foot Care Service: Establishing a foot care practice that includes various disciplines. For example: a team consisting of a Foot Care Nurse, a Physical Therapist, a Vascular Surgeon, Social Worker and a Dietician, etc., who are involved in caring for patients with foot care issues.

Example: You develop a Clinic that involves a Foot Care Nurse and a Podiatrist caring for patients with foot care issues.

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

Example: You develop a one page handout on “What you can do to Maintain Healthy Feet and Nails.”

Professional Practice: Courses or activities, other than topics clinically related to foot care nursing activities, that impact or enhance the role of a Foot Care 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: You identify that the need for nail care is not consistently reported in your facility and establish how often nail care is omitted. You develop a reporting system to identify those patients who need nail care and a system in which nail care can be provided. After 3 months, you audit for improvement.

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

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

Self-Assessment: Not measured elsewhere in your PGP portfolio. Identifies the process behind an activity, specific to the activity.

Example: Web searches to find pictures for preparing a Power Point presentation.

SAMPLE POINT DISTRIBUTION

Acceptable Point Distribution

The sample application (below) would be acceptable because it meets the minimum requirement of 40 PGP points that directly relate to foot care and total 80 points to complete the portfolio. Since this point requirement was met, the other activities are acceptable.

Category	Activity	Points Claimed
A (Continuing Ed)	The Diagnosis of Onychomycosis	1 Related to Foot Care
A (Continuing Ed)	Basic Foot Care Course	3 Related to Foot Care
A (Continuing Ed)	Topicals to Treat Tinea Pedis	1 Related to Foot Care
A (Continuing Ed)	The use of a 2-layer short-stretch elastic wrap and patient outcomes	5 Related to Lower Extremity
B6 (Project)	Quality improvement project	25 Related to Foot Care
D10 (Publication)	Developed patient education brochure related to footwear selection	5 Related to Foot Care
D7A. (Publication)	Newsletter editor for WOCN Southeast Region	10 Related to Professional Practice
E1 (Teaching)	Presentation "Outpatient billing"	10 Related to Professional Practice
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
TOTAL PGP POINTS		80

Unacceptable Point Distribution

In the unacceptable sample below, there are only 30 PGP points that directly relate to foot care, rather than the mandatory 40 points. The Professional Organization activities and Academic course would have been accepted for PGP points if the application would have contained a minimum of 40 PGP points that directly related to foot care.

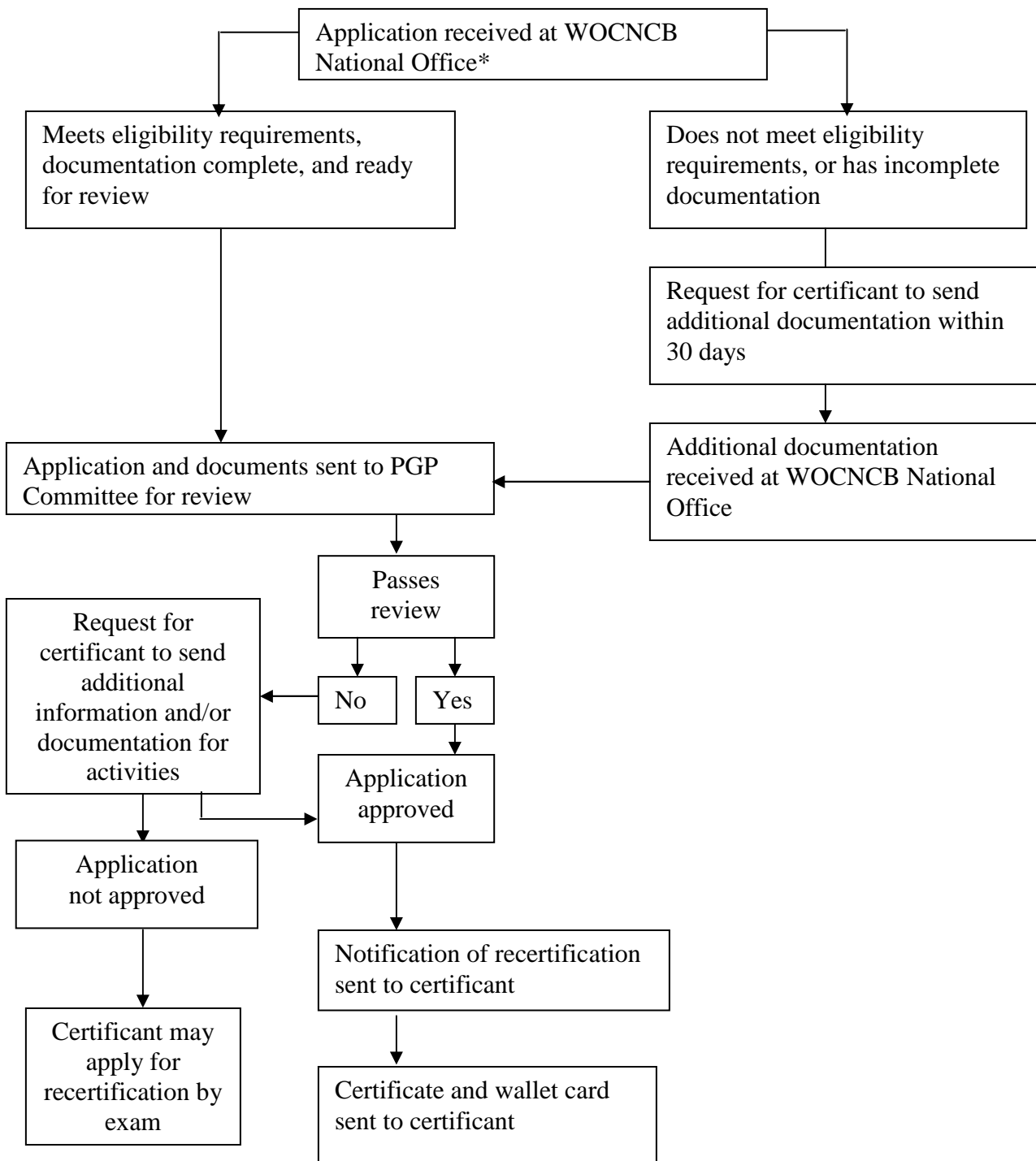
Category	Activity	Points Claimed
A (Continuing Ed)	The Diagnosis of Onychomycosis	1 Related to Foot Care
A (Continuing Ed)	Basic Foot Care Course	3 Related to Foot Care
A (Continuing Ed)	Topicals to Treat Tinea Pedis	1 Related to Foot Care
B1 (Project)	Establish a Foot Care Nursing Service	30 Related to Foot Care
D7A. (Publication)	Newsletter Editor for WOCN Southeast Region	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Research Process	10 Related to Professional Practice
E-1 (Teaching)	Presentation: Outpatient billing	10 Related to Professional Practice
G (Academic)	Research and Statistics	15 Related to Professional Practice
TOTAL PGP POINTS		80 (35 Related to Foot Care and 45 Professional Practice)

AUDIT PROCESS

The WOCNCB will perform a random audit on PGP applications. Certificants selected for audit will be notified by Return Receipt Requested mail within five days of application. If audited, the documentation required for audit must be submitted to the WOCNCB within 30 days of notice. The required documentation for audit is listed at the end of each of the Activity Categories. Only one opportunity is allowed. Failure to comply will result in recertification via examination.

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 CFCN® Recertification WOCNCB Professional Growth Program

Complete this application and submit with:

- Point Logs and Verification Forms
- Application Fee: \$300
- \$75.00 Late fee for applications postmarked by the late deadlines listed on page 4.

Mail PGP application, fees and materials to: WOCNCB
555 E. Wells St., Suite 1100
Milwaukee, WI 53202

Name _____

Preferred Address _____

City, State, Zip _____

Telephone work _____ home _____

E-mail _____

Education (check all that apply)

- Diploma Associate BA BSN MSN PhD BS MS NP Other _____

Practice Setting (check all that apply)

- Acute Homecare Outpatient Extended Care
- Private Education Administration Research Industry

Years in Nursing _____ Years as Foot Care Nurse _____

I am certified as a

- CFCN® Expiration date of current certification _____

Is this the first time you have recertified through the Professional Growth Program? Yes No

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 _____

(*type name here for "electronic signature"*)

The WOCNCB would like to include you in a certified nurse referral database on the www.wocncb.org 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

NOTE: It is not permissible to duplicate activities used for PGP points from WOC certification over to CFCN. The WOCNCB will review all PGP documentation for comparison.

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY A: CONTINUING EDUCATION

A minimum of 10 Contact Hours (or, Continuing Education {CE}) / Continuing Medical Education (CMEs) that directly apply to foot care are required in Category A. Five (5) of these points may come from lower extremity problems. You have the option of having up to a maximum of 30, of which 20 must then directly relate to the specialty and the remainder may be professional practice (see definition below).

Contact Hour (CE) = 60 minutes = 1 PGP Point
Category 1 CME = 60 minutes = 1 PGP Point

Professional Practice

Professional practice is defined as courses or activities, other than topics clinically related to foot care specific activities, that impact or enhance the role of a Foot Care Nurse. An example of a professional issue topic would be “Legal Issues”, “Preceptor Workshop”, “Marketing Your Business” or professional practice courses that are presented at Nurse Internship in Washington (NIWI) 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 CFCN practice.

When claiming points for this category, the course title must be specified. The conference title alone is not acceptable.

Acceptable Activities

1. Attendance at continuing education programs offered/sponsored by accredited or approved providers such as the WOCN. Programs must be approved for contact hours by a recognized accrediting body, for example: a state nursing association, the American Nurses Credentialing Center, 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.

Documentation Required if Audited

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

– Or –

2. Complete the audit form for this activity

**VERIFICATION FORM
CATEGORY A
CONTINUING EDUCATION ACTIVITY**

Name _____

1. Minimum of 10 PGP points **directly related** to foot care specialty required. Five (5) of these points may come from lower extremity problems.*
 (*Note: You have the option to include up to a Maximum of 30 – of which 20 must then relate to the specialty.)
2. Point calculation: 1 PGP point for each CEU, CME or contact hour.
3. 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.)
4. Please add to comments section if you need to submit explanation for Professional Practice CEUs.

Program Date(s)	Title of Session/Course	Session/Course Provider	Approved Accrediting Organization	Hours or points	Specify if points are Professional Practice* or Foot Care related	
6/2005	Example: How to Market the Value of Your Credential	WOCN	WOCN	3	PP*	
8/2005	Example: Ethics in Diabetic Foot Care Management	County General Hospital	Ohio Nurses Association	3		FC
COMMENTS:						
Total PGP Points <i>(Transfer this total to Point Log)</i>						

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY B: PROGRAM OR PROJECT ACTIVITIES

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 PGP 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 PGP points for activities submitted that are repeated, but only if the topic content clearly has been altered to meet the needs of the learner.

Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of activities.

Acceptable Activities..... PGP Points Awarded

1. Establishing a foot care nursing service*	
• Writing a proposal.....	10
• Developing initial policies and procedures	10
• Developing a billing procedure.....	10
2. Establishing a foot care multidisciplinary* service	
• Writing a proposal.....	15
• Developing initial policies and procedures	15
• Developing a billing procedure.....	15
3. Team/committee/task force focused on foot care	
• Establish.....	10
• Chair.....	10
• Member	5
4. Establishing an independent (self-employed) Foot Care practice.....	50 per certification period
5. Public health policy development.....	30
6. Quality Improvement (QI) project*	25
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
8. Policy/procedures in existing practice	
• Develop original.....	5 points per policy, (up to 25 max.)
• Revising existing.....	3 points per policy, (up to 15 max.)

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of activities.*

**INSTRUCTIONS / WORKSHEET ACTIVITY CATEGORY B:
PROGRAM OR PROJECT ACTIVITIES**

Acceptable Activities.....	PGP Points Awarded
9. Competency based tools*	
• Original	5 (up to 25 max.)
• Revised.....	3 (up to 15 max.)
10. Collection and analysis of outcome data or case study data	10
(Derived from clinical practice and not part of a formal research project.)	
11. Grant Activities* (non-research based).....	20
(e.g., grant money for educational development or to obtain equipment)	
12. Prevalence and/or Incidence Study	5 per study (maximum: 10 PGP points per certification period)
13. Expert consultation on a legal case related to Foot Care patient	10 points per case (maximum: 10 PGP points per certification period)
14. Item writing for CFCN certification exam.....	3 per item (maximum: 15)
(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.)	
15. Arranging a Product Fair.....	5
16. Product Formulary	
• Developing	10
• Revising	5
17. Webmaster (electronic information systems related to Foot Care nursing)	
• Develop	10 per website (max. 20 per cert. period)
• Maintain data for.....	5 per year (max. 25 per cert. period)
18. Standardized Care Plans.....	5 (maximum: 15)
Activity not defined above.....	Submit Category I Pre-Approval Form

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of 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 CFCN Exam Committee Liaison.

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

Name _____

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 foot care.
3. Provide an overview of the implementation of program / project as it relates to foot care.
4. Evaluation of program / project (implications for clinical practice) as it relates to foot care.
5. For activity B-6, 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?

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

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY C: RESEARCH ACTIVITIES

To receive PGP points, 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 foot patient and **must be Institutional Review Board* (IRB) approved or equivalent.**

Note: See Category B-10 and B-11 for data collection and grant writing activities. There are PGP points available for non-IRB or informal research.

Acceptable Activities..... PGP Points Awarded

1. Developing a study proposal.....	45
2. Grant Writing (IRB* or equivalent).....	45
3. Developing or testing of a research tool	30
4. Data Collection	20
5. Data Analysis	20

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of activities.*

Documentation Required if Audited

Submit documentation to substantiate the research activity.
Submit copy of IRB (or equivalent) letter of approval.

**VERIFICATION FORM
CATEGORY C
RESEARCH ACTIVITY**

Name _____

Check an activity number: 1 2 3 4 5

1. Define role in research activity:

2. Describe the research activity:

3. Date Activity Completed: _____

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

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY D: PUBLICATION ACTIVITIES

You must be the author, co-author or contributor of these activities, and have completed them during your last five-year certification period.

Acceptable Activities..... PGP 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>	A. Author or co-author.....	25	
	B. Reviewing.....	10	
4. <u>CASE STUDY</u>	Author or co-author.....	10	(20 maximum)
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	(maximum 15)
10. Develop patient education tool*	5	(maximum 15)
11. Develop Original Learning module*	20	
12. Writing brochure / pamphlet *	5	(maximum 15)
13. Create Foot Care Documentation Form (<i>Electronic or paper forms created to chart foot care patients</i>)		
• Original	5	(max. 15 per cert. period)
• Revise.....	3	(max. 9 per cert. period)

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of 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 _____

Activity Area: 1A 1B 1C 2A 2B 2C 3A 3B 4 5
 6 7A 7B 8 9 10 11 12 13

Complete a separate form for **each** activity/publication.

	EXAMPLE	FILL IN YOUR ACTIVITY DESCRIPTION HERE
Date of Publication	January 2005	
Title of Work / Publication	Example: "Newsletter article: Strategies for Challenging Diabetic Foot Patients"	
Synopsis of Material	Article written to teach hospital staff specific strategies.	
Type of Work (Book, Chapter, Journal)	Article	
Published In	Rochelle Memorial Hospital Newsletter	
Objectives	<ul style="list-style-type: none"> • To give new information. • To teach specific techniques. • To show there are other resources. 	
Content Outline	<ul style="list-style-type: none"> • Identified patients with specific incidences. • Identified anatomical region associated with highest risk. • Outlined practice plans. • Cited strategies and resources. 	
		PGP POINTS CLAIMED FOR THIS ACTIVITY _____ <i>(Transfer this total to Point Log)</i>

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY E: TEACHING ACTIVITIES

To receive PGP 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 PGP points for repeating presentations/lectures, etc., unless the content clearly has been altered.

Acceptable Activities..... PGP Points Awarded

1. Presentations/lectures (CE or non-CE) 1 point per 15 minutes of presentation
(Examples: in-service, seminar, lecture, clinical conference,
written, electronic or video learning modules.)
2. Conference poster presentation 10 points
3. Precepting Foot Care Nursing Education Program students..... 1 point for every 4 hours of precepting
4. Clinical education of nursing / medical professionals 1 point for every 8 hours of time
(e.g., orienting, mentoring, job shadowing, precepting)
5. Expert Consultation at Medical Event 1 point / maximum 3 points
(e.g., community clinic*, health fair, screening clinics, supplier clinic, product fair)

EDUCATION PROGRAMS

6. Developing an education program (CE or non-CE) 2 points per 15 min. of presentation
7. Additional points awarded for programs awarded CEs 5 points per program
8. Revising an education program* 1 point per 15 min. of presentation
– must have significant content change, updated references, etc

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of activities.*

Documentation Required 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/clinical education – letter of agreement or written validation of precepting experience.

Written or video module – completed sign-in sheet or letter of verification.

Revised Education Program – submit old and new presentations

VERIFICATION FORM
CATEGORY E-1 & E 5 – E 8 TEACHING ACTIVITIES
(PRESENTATIONS / LECTURES)

Name _____

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

Check Activity Number 1 5 6 7 8

Check if Awarded CEUs (add 5 points to total)

Title:

Date Offered:

Objectives (list 3):

Summary of Teaching Content:

Evaluation Method:

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

**VERIFICATION FORM
CATEGORY E-2
POSTER PRESENTATIONS**

Name _____

Complete a separate form for **each** poster presentation.

Title of poster presentation: _____

Where presented: _____

Date presented: _____

PGP POINTS CLAIMED FOR THIS ACTIVITY <u>10</u> <i>(Transfer this total to Point Log)</i>
--

Documentation Required if Audited
Submit copy of abstract.

**VERIFICATION FORM
CATEGORY E-3 and E-4
PRECEPTING / CLINICAL EDUCATION ACTIVITIES**

Name _____

1. Check activity number: 3 4
2. Complete a separate form for each Precepting/clinical education activity.

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

Number of students: _____

Date precepting or education occurred: _____

Type of student: Foot Care Other medical professional

Total hours: _____ divided by 8 (for other medical professionals) = _____ Total PGP Points

-or-

Total hours: _____ divided by 4 (for Foot Care students) = _____ Total PGP Points

(It is suggested that you keep track of precepting hours in case of audit. Please refer to www.wocncb.org website for sample precepting tracking forms.)

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

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY F: INVOLVEMENT IN PROFESSIONAL
NURSING/PATIENT SUPPORT ORGANIZATIONS

Participating in national / regional / state / affiliate and local professional nursing organizations related to the foot care specialty is acceptable. Participation in other nursing specialty or patient support organizations whose mission are directly related to the care and/or support of foot care patients is acceptable. Examples of these acceptable organizations are the American Diabetes Association (ADA), American Association of Rehabilitation Nurses (AARN), Association for the Advancement of Wound Care (AAWC) or the American Podiatric Medical Association (APMA). PGP Points are awarded for each year of office served. Serving on in-house institution or agency committees is not acceptable.

PGP Points Awarded

Acceptable Activities..... Per Year

PROFESSIONAL NURSING ORGANIZATIONS

- 1. Officer at a national level..... 20
- 2. Committee or task force chair / coordinator at a national level 15
- 3. Officer at the regional / state / affiliate / local level..... 10
- 4. Committee or task force member at the national level..... 10
- 5. Committee or task force chair at the regional/state/affiliate/local level..... 8
- 6. Committee or task force member at the regional / state / affiliate / local level..... 5

WOCN PRODUCT ACTIVITIES

- 7. Institution/Facility/Agency Product Committee related to Foot Care practice..... 3 points/year, max 15 per cert. period
- 8. Member of National Buying Group Committee 10 points per certification period
- 9. Forums for Advisory Panel* 1 point per panel, max 3/cert. period

PATIENT SUPPORT ORGANIZATIONS

- 10. Volunteer work for patient support organizations 5

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of activities.*

Documentation Required if Audited

- 1. Submit documentation to substantiate involvement in a professional/patient organization.

**VERIFICATION
CATEGORY F
INVOLVEMENT IN PROFESSIONAL NURSING/PATIENT ORGANIZATIONS**

Name _____

Check Activity Number: 1 2 3 4 5 6 7 8 9 10

# of Years Served	<u>Year</u> (e.g. 2002)	Name of Office, Task Force, or Committee	Organization	Points per Year	Total Points
Total PGP Points					
<i>(Transfer this total to Point Log)</i>					

INSTRUCTIONS / WORKSHEET
ACTIVITY CATEGORY G: ACADEMIC ACTIVITIES

The WOCNCB actively promotes advanced education and will consider for PGP points a wide variety of nursing-related educational offerings. Academic credits must be from an accredited college or university. Credits acquired for a nursing major or by challenge examinations are acceptable. Credits must either relate to foot care nursing or be credits related to health care, management, teaching or the biopsychosocial knowledge base of human services.

Examples of Acceptable Courses

Physical Assessment
Anatomy and Physiology
Business
Ethics
Medical languages, e.g., Spanish
Chemistry/biology/microbiology
Education classes, e.g., Adult Learning Theory
Pharmacology
Psychology
Health Care Management
Research/Statistics
Computer
Computer Informatics

PGP Points Awarded

- ✓ Five (5) PGP points awarded for each semester credit hour earned.
- ✓ Three (3) PGP points awarded for each quarter credit hour earned.
- ✓ Double PGP points awarded for a foot course. (The course description or title must include foot care.)

Documentation Required if Audited

1. Submission of transcripts.

**VERIFICATION
CATEGORY G
ACADEMIC EDUCATION ACTIVITIES**

Name _____

Name of Course	School	Date	Semester/ Quarter	Credit Hours	Points
Total PGP Points <i>(Transfer this total to Point Log)</i>					

INSTRUCTIONS / WORKSHEET
CATEGORY H SELF ASSESSMENT OF PGP PROCESS

The Self Assessment* Category was developed to assess the impact that the Professional Growth Program has on the Foot Care Nurse. It is intended to be related to an activity and demonstrate the depth, breadth and specificity to the activity in the specialty.

Instructions: Identify one specific activity from your PGP portfolio. Answer carefully each question on the verification form provided. Your answers should reflect and describe in detail how completion of the activity:

- ▶ Increased your expertise
- ▶ Validated your expertise
- ▶ Enhanced your professional growth

Your response is designed as a self-assessment tool and will not be measured for completion.

Please limit your verification to one page. This activity is worth 5 PGP points.

**Please refer to “Definitions of PGP Terms” on pages 10–11 for complete description and examples of activities.*

**VERIFICATION
CATEGORY H
SELF-ASSESSMENT OF PGP PROCESS**

Name _____

1. Identify how the PGP process impacted you professionally by describing processes that prepared you to achieve points in your elected category. Provide specific examples.

2. Identify strengths and challenges in your current Foot Care practice. List two strengths and two challenges.

3. In order to help you build your professional growth during the next five years, define two goals using a timeframe and plan. Use your identified strengths and challenges from question two, above. (*Note: Your response is designed as a self assessment tool and will not be measured for completion.*)

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

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

Instructions Projects and activities not defined in the Professional Growth Program (PGP) Handbook must be submitted to the PGP 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 PGP application deadline. The PGP 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 _____

Category _____

Complete this form for each project or activity.

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

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

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

FOR OFFICE USE ONLY

PGP Committee Reviewed _____ Points Assigned _____ Category _____ Date _____

**PGP POINT LOG
For Foot Care Nursing**

Name _____

- ✓ Logs must be typed or computer generated, or they will be returned to the certificant.
- ✓ Summarize total points for each PGP category you submit activities. (Itemize activities on Verification Forms.)
- ✓ Fill out a separate verification form for each entry listed on this Point Log
- ✓ See pages 5 – 6 for instructions on how to fill out forms.

EXAMPLE POINT LOG			
A	1	Total CEUs	30
B	6	Quality Improvement Project	25
D	12	Writing Pamphlet/Brochure	15
E	3	Precepting	10
TOTAL PGP POINTS = 80			

Category	Activity	Description	Total Points	<input checked="" type="checkbox"/> Check here
A	1	Total CEUs		<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
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Total PGP Points				

Professional Growth Program Evaluation

The WOCNCB is committed to updating the PGP process to reflect the most current clinical practices of the Foot Care nursing profession. Toward that end, the PGP Committee will revise the PGP Handbook every two years to meet the ongoing changes in Foot Care nursing. It is with your valuable input that we can make this happen.

Please send completed surveys to: WOCNCB
555 E. Wells St., Suite 1100
Milwaukee, WI 53202

Name (optional) _____

1. Was the CFCN PGP Handbook easy to follow? Yes No

If not, what area(s) do you think need improvement?

2. Do you think the PGP points are reflective of the time put into the activity? State specific examples if you have suggestions for change.

3. Do you have recommendations on improving the process?

4. Will you recertify by PGP again? Yes No

If not, please indicate your reason:

5. Do you or your employer pay for your certification fees? Employer Self

6. Do you have recommendations for other activities/topics for points not already included in the handbook?

Additional Comments: _____

WOCNCB
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Milwaukee, WI 53202
(888) 496-2622 · www.wocncb.org