**APPLICATION** (please delete lines as you type)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location facility/agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Floor / type of unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long have you been an RN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State and license # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your preferred e-mail address printed and clear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**It is important this is the same as the one you use to access the program**

Mobile number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Preferred phone number if different \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & e-mail of your local WOC nurse or supporting Licensed Independent Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & e-mail of your Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial in the spaces provided to confirm that you:

1. Have **good access** to a computer to view the course and it is capable of streaming video. YES \_\_\_\_\_\_
2. Are able to enroll between Sept 29th and Oct 6th (30 min phone call). YES \_\_\_\_\_\_
3. Attend **all 3 mandatory sessions** (1-3 are 6-8 hrs sessions, the 4th is two 2 hrs).

1st  Session 9-5 Sun Oct 27thth

2nd Session 9-5 Sun Nov 17th YES \_\_\_\_\_\_

3rd Session 9-5 Sun Dec 8th

1. Will abide by a completion date before Jan 3rd . YES \_\_\_\_\_\_

 A date for the exams needs to be scheduled by the attendee during

 9-5 weekdays. It should **ensure uninterrupted time**. The dates chosen

 will be given to the course coordinator BEFORE the 3rd live session.

Thank you for your interest in this program! You will receive notification of acceptance within 2 weeks of your application/payment being received.

Please write a short narrative explaining what interests you about wound care? How will this program benefit you and your unit, facility or agency? What do you expect to take away from this training?

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