

The Gold Standard for Certification

# WOCNCB

Wound, Ostomy and Continence Nursing Certification Board

## Professional Growth Program Handbook

## For Recertification in Wound, Ostomy and Continence Nursing

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

**ABNS**  
American Board of Nursing Specialties  
*Promoting Excellence in Nursing Certifications*



**Professional Growth Program Handbook**  
For Recertification in Wound, Ostomy and Continence Nursing  
is a publication of the WOCNCB®

Revised February 2008

6th Edition publ. 4/2006  
5th Edition publ. 12/2005  
4th Edition publ. 10/2003  
3rd Edition publ. 12/2002  
2nd Edition publ. 8/2000  
orig. publ. 1998

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](http://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 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: **February 2008**

*The WOCNCB is committed to updating the PGP process to reflect the most current clinical practices of the WOC nursing profession. Toward that end, the PGP Committee will revise the PGP 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 PGP applications between --- December 31, 2007 and December 31, 2008 may submit their portfolios utilizing the point distribution of either the April 2006 or the February 2008 handbook. After January 1, 2009, certificants must adhere to the point distribution requirements of the February 2008 handbook.*

*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 WOC practice activities that count toward PGP points.
- ✓ Check the deadline for submitting your application and forms. Certificants must finish required activity or project 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](http://www.wocncb.org) website; and your application/portfolio may be sent to [info@wocncb.org](mailto: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 36 any time but at least one (1) month prior to the application deadline.
- ✓ Review the PGP algorithm flowchart on page 14 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](http://www.wocncb.org)) and submit your question via “Ask the Board.”

### CHECKLIST:

- Completed application form (page 15) – typed or computer generated
- Point logs for each specialty in which certification is sought – typed or computer generated
- Complete all necessary Verification Forms\* – typed or computer generated
  - \*40 PGP points out of the 80 required for each specialty must directly relate to that specialty.
  - \*Category A (CEUs) requires a minimum of 10 points that directly relate to the specialty in which certification is sought.
  - \*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 for each specialty

POINTS REQUIRED AND/OR ALLOWED FOR EACH CATEGORY	Category	Minimum Points Required	Maximum Points Allowed	Activities with Max. points per specialty
	A Continuing Education	10 related to specialty	30	
	B Program or Project	None	70	see pages 18 – 19
	C Research	None	70	
	D Publication	None	70	see page 23
	E Teaching	None	70	
	F Professional Orgs.	None	40	
	G Academic Education	None	40	
	H Self Assessment	None	5 per specialty	
	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 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<sup>®</sup>, CWCN<sup>®</sup>, COCN<sup>®</sup>, CCCN<sup>®</sup>, CWON<sup>™</sup>, or CFCN<sup>®</sup> credential. Certification must be re-established every five years.

Qualified nurses may recertify in the specialties of wound, ostomy, continence and/or foot nursing by passing the exam OR by fulfilling the activity requirements of the Professional Growth Program (PGP).

## **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 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 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.

### **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 certification in all specialties for which recertification is sought. (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 in the WOC specialty, certificants may either take the WOC exam OR submit a Professional Growth Program (PGP) portfolio. The WOCNCB established the PGP to recognize activities which go beyond routine WOC 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 and continence 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 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 WOC nursing practice knowledge has been demonstrated by examination. The tri-specialty CWOCN credential is only earned upon passing three examinations within the same quarterly testing cycle. 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 Examination Handbook (which includes a Baccalaureate degree.)

Certificants may recertify via a combination of the PGP and exam methods for one, two, or three specialty credentials.

## FEE AND APPLICATION PROCESS

Upon receipt of your application, the WOCNCB will verify your current WOCN certification and state 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: Three Specialties: \$400  
Any Two Specialties: \$350  
Any One Specialty: \$300

*These fees are applicable to recertification by PGP combined with taking a recertification Exam. For example, you may recertify by PGP for Wound/Ostomy and take the Continence exam in order to earn the tri-specialty. Indicate the combined method on your application.*

**Combined Application Instructions:** To apply for recertification by WOCNCB® examination combined with a PGP Portfolio, indicate the combined method by checking the appropriate boxes on your PGP application. You must also submit your exam application and fees to the WOCNCB as instructed on the application.

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](http://www.wocncb.org)**

### Application Schedules

Submit your PGP materials by the postmark deadlines listed below. Certificants must complete their required activity or project prior to the application deadline. *Example:* if your certification expires in June of 2008, you must submit your application by the postmark deadline of February 15, 2008. 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/October	May 15
November/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 request and rationale needs to be in writing to the WOCNCB Office by email at [info@wocncb.org](mailto: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.

## **FEE AND APPLICATION PROCESS, cont'd.**

### **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 writing, and in advance of the expiration of the credential, to the WOCNCB. 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 in **each** specialty area for which you apply. For example, to recertify as a CWOCN, you must earn 240 PGP points (80 points in wound, 80 points in ostomy, and 80 points in continence).

Your portfolio must contain 80 points total per specialty. Forty (40) of these points must directly relate to the 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 per specialty, then 20 must directly relate to the specialty and the remaining 10 can come from professional practice.

### Professional 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 a WOC Nurse**. Here are some examples: “Marketing Your Business”, “Legal Issues”, “Integrating Technology and Outpatient Billing/Reimbursement”.

A couple of other important things to remember:

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

POINTS REQUIRED AND/OR ALLOWED FOR EACH CATEGORY	Category	Minimum Points Required	Maximum Points Allowed	Activities with Max. points per specialty*
	A Continuing Education	10 related to specialty	30	
	B Program or Project	None	70	see pages 18 – 19
	C Research	None	70	
	D Publication	None	70	see page 23
	E Teaching	None	70	
	F Professional Orgs.	None	40	
	G Academic Education	None	40	
	H Self Assessment	None	5 per specialty	
	I Pre-Approval of Non-Defined	None	To be determined	

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

*These fees are applicable to recertification by PGP combined with taking a recertification Exam. For example, you may recertify by PGP for Wound/Ostomy and take the Continence exam in order to earn the tri-specialty. Indicate the combined method on your application.*

## 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 (e.g. over 85), 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 30 PGP points in Category G, but you only claim 20 on your point log.*

You will notice on the Point Log (page 37) that for category A-1 CEU certification 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	2000 – 2005	30
E	1	Teaching	2000 – 2005	20
G	1	Academics	2000 – 2005	30
<b>TOTAL POINTS</b>				<b>80</b>

### 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 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 from 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 10 CEU points which directly relate to the specialty for which you apply. Please note, there is a maximum of 30 CEUs allowed in Category A. To calculate PGP points in this category, refer to the Instructions/Worksheet on page 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](http://www.wocncb.org) website, save the files on your computer, and send the electronic files as an e-mail attachment to: [info@wocncb.org](mailto: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](mailto: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](http://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](http://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 wound, ostomy or continence nursing service	<ul style="list-style-type: none"> <li>• Writing a proposal</li> <li>• Developing initial policies and procedures</li> <li>• Developing a billing procedure</li> </ul>	10 per specialty
	2. Establishing a wound, ostomy or continence multidisciplinary service	<ul style="list-style-type: none"> <li>• Writing a proposal</li> <li>• Developing initial policies and procedures</li> <li>• Developing a billing procedure</li> </ul>	15 per specialty
	3. Team/committee/task force focused on wound, ostomy or continence care	<ul style="list-style-type: none"> <li>• Establish</li> <li>• Chair</li> <li>• Member</li> </ul>	10 per specialty 10 per specialty 5 per specialty
	4.	Establishing an independent (self-employed) WOC practice	50 per certification period
	5.	Public health policy development	30 per specialty
	6.	Quality improvement (QI) project	25 per specialty
	7.	Clinical pathway development	25 per specialty
	8. Policy/procedures in existing practice	<ul style="list-style-type: none"> <li>• Develop original policy</li> <li>• Revising existing</li> </ul>	5 points ( <i>max 25 per specialty</i> ) 3 points per policy ( <i>max 15 per specialty</i> )
	9. Competency based tools	<ul style="list-style-type: none"> <li>• Original</li> <li>• Revised</li> </ul>	5 points ( <i>max 25 per specialty</i> ) 3 points ( <i>max 15 per specialty</i> )
	10.	Collection and analysis of outcome data or case study data	10 per specialty
	11.	Grant Activities (non-research based)	20 points per specialty
	12.	Prevalence and/or Incidence Study	5 per study ( <i>Max 10 per specialty / per certification period</i> )
	13.	Expert consultation on a legal case related to WOC patient	10 points per case ( <i>Max 10 PGP points per specialty / per certification period</i> )
	14.	Item writing for WOCNCB certification exam	3 points per item ( <i>max 15 per specialty</i> )
	15.	Arranging a Product Fair	5 points
	16.	Product Formulary <ul style="list-style-type: none"> <li>• Developing</li> <li>• Revising</li> </ul>	<ul style="list-style-type: none"> <li>• 10 points</li> <li>• 5 points</li> </ul>
	17. Webmaster (electronic information systems related to WOC nursing)	<ul style="list-style-type: none"> <li>• Develop</li> <li>• Maintain data for</li> </ul>	<ul style="list-style-type: none"> <li>• 10 points per website (<i>max 20 per cert period</i>)</li> <li>• 5 points per year (<i>max 25 per cert period</i>)</li> </ul>
	18.	Standardized Care Plans	5 points ( <i>max 15 per specialty</i> )

**PGP ACTIVITIES LIST**

<b>CATEGORY</b>	<b>ACTIVITY NUMBER</b>	<b>ACTIVITY</b>	<b>VALUE</b>
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 per specialty</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 per specialty</i> )
	10.	Develop patient education tool	5 points ( <i>max 15 per specialty</i> )
	11.	Develop original Learning module	20 per specialty
	12.	Writing brochure / pamphlet	5 points ( <i>max 15 per specialty</i> )
	13.	Create WOC Documentation Form ( <i>Electronic or paper forms created to chart WOC 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 WOC 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 per specialty
	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**

<b>CATEGORY</b>	<b>ACTIVITY NUMBER</b>	<b>ACTIVITY</b>	<b>VALUE</b>
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 WOCN 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 per specialty
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](http://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](http://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 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 PGP 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 inservicing 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.

**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.

**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 40 PGP points that directly relate to wound 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)	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)	Medication for Treating Weight Loss in Wound Patients	3 Related to Wound Care
A (Continuing Ed)	Clever Strategies for Perineal Wounds	2 Related to Wound Care
B10 (Project)	Collection of Data on Prevalence and Incidence of Pressure Ulcers	10 Related to Wound Care
D7 (Publication)	Newsletter Article: Pouching Strategies for Challenging Wound Patients	5 Related to Wound Care
D-7A. (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: Bedside Setup and Troubleshooting with Low Air Loss Mattresses	10 Related to Wound Care
F6 (Professional Organization)	Education Committee Member for Southeast WOCN Region	5 Related to Professional Practice
H (Self Assessment)	Completed the self-assessment	5 Related to Wound Care
<b>TOTAL PGP POINTS</b>		<b>80 (55 directly related and 25 Professional Practice)</b>

### Unacceptable Point Distribution

In the unacceptable sample below, there are only 30 PGP points that directly relate to wound 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 wound care.

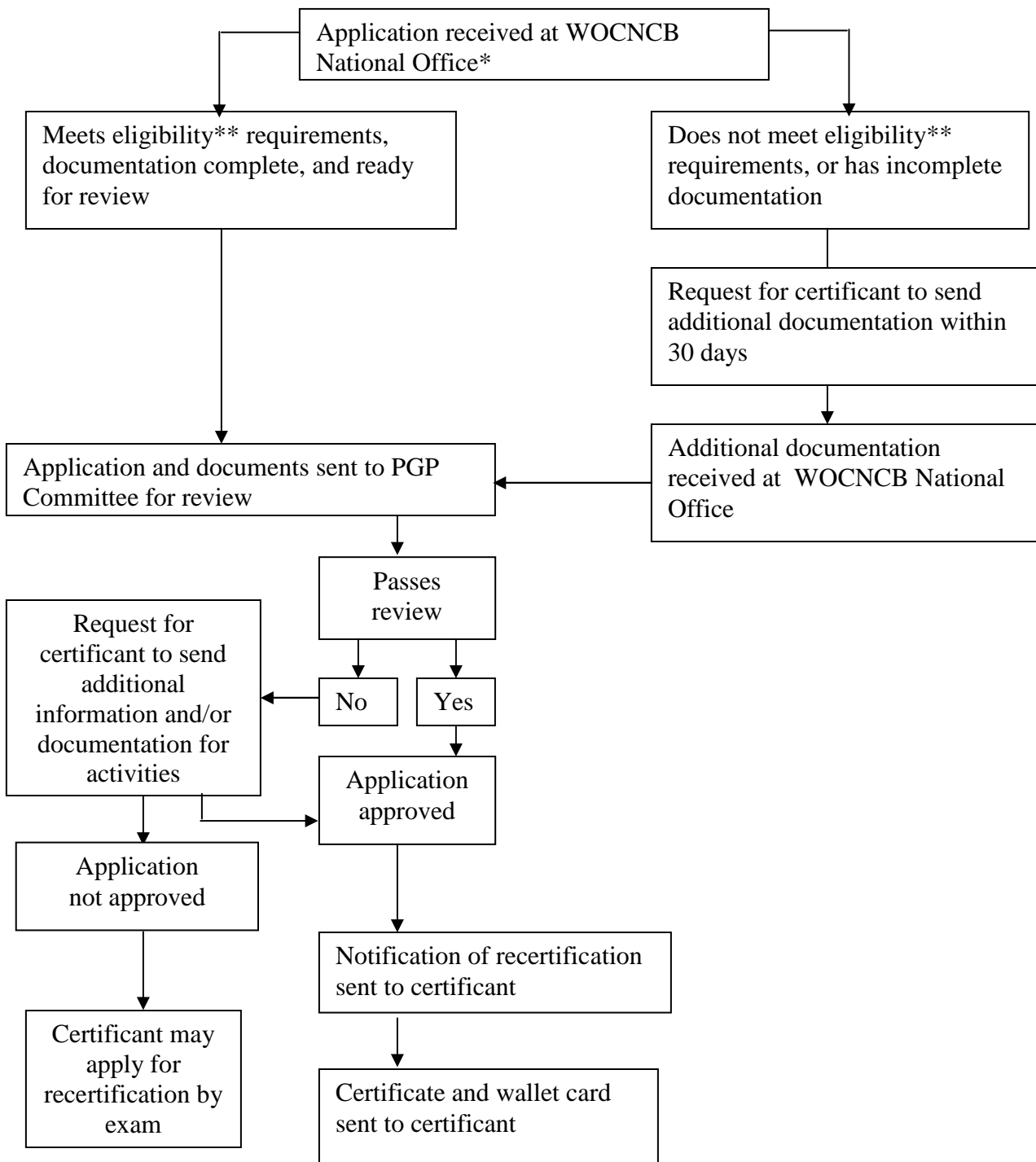
Category	Activity	Points Claimed
A (Continuing Ed)	Diabetic Foot Wounds	5 Related to Wound Care
A (Continuing Ed)	Wound Care in the Renal Patient	5 Related to Wound Care
A (Continuing Ed)	Creating a Business Plan	2 CEUs Related to Professional Practice
A (Continuing Ed)	The Impact of Prospective Payment on Long-Term Care	4 CEUs Related to Professional Practice
A (Continuing Ed)	Nursing and Medicare Billing	4 CEUs Related to Professional Practice
D-7A. (Publication)	Newsletter Editor for WOCN Region	10 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	20 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
<b>TOTAL PGP POINTS</b>		<b>80 (30 Related to Wound Care and 50 Professional Practice)</b>

## 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. Audit materials will not be required once recertification is established.

## Application for Recertification WOCNCB Professional Growth Program

Complete this application and submit with:

Point Logs and Verification Forms

Application Fee: Three Specialties: \$400

Two Specialties: \$350

Any One Specialty: \$300

I am applying for recertification as a

CWOCN<sup>®</sup>

CWON<sup>™</sup>  CWCN<sup>®</sup>  COCN<sup>®</sup>  CCCN<sup>®</sup>

CWCN<sup>®</sup>  COCN<sup>®</sup>  CCCN<sup>®</sup>

\$ 75.00 Late fee for applications postmarked by the late deadlines listed on page 4.

*These fees are applicable to recertification by PGP combined with taking a recertification Exam. For example, you may recertify by PGP for Wound/Ostomy and take the Continence exam in order to earn the tri-specialty. Please send your exam and PGP applications to WOCNCB.*

I am combining this PGP application with an exam application. I am submitting an exam application for the \_\_\_\_\_ credential(s) to WOCNCB. (*Send full fees and both applications to WOCNCB if combined.*)

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 WOC Nurse \_\_\_\_\_

I am certified as a

CWOCN<sup>®</sup>  CWCN<sup>®</sup>  COCN<sup>®</sup>  CCCN<sup>®</sup>  CWON<sup>™</sup> 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 \_\_\_\_\_

The WOCNCB would like to include you in a WOC certified nurse referral database on the [www.wocncb.org](http://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

**INSTRUCTIONS / WORKSHEET**  
**ACTIVITY CATEGORY A: CONTINUING EDUCATION**

A minimum of 10 Continuing Education Units (CEUs) / Continuing Medical Education (CMEs) that directly apply to each specialty in which you are recertifying are required in Category A. 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 (CEU) = 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 wound, ostomy or continence specific activities, that impact or enhance the role of a WOC Nurse. An example of a professional issue topic would be “WOCN 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 WOCN practice.

Use of points transferred from one specialty to another is not acceptable. (E.g., points related to wound or ostomy cannot be applied to certification points for continence.)

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



**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. If an activity is applicable to more than one specialty, the PGP 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 PGP Terms” on pages 11-12 for complete description and examples of activities.

**Acceptable Activities..... PGP Points Awarded**

1. Establishing a wound, ostomy or continence nursing service\*
  - Writing a proposal..... 10 per specialty
  - Developing initial policies and procedures ..... 10 per specialty
  - Developing a billing procedure..... 10 per specialty
  
2. Establishing a wound, ostomy or continence multidisciplinary\* service
  - Writing a proposal..... 15 per specialty
  - Developing initial policies and procedures ..... 15 per specialty
  - Developing a billing procedure..... 15 per specialty
  
3. Team/committee/task force focused on wound, ostomy or continence care
  - Establish..... 10 per specialty
  - Chair..... 10 per specialty
  - Member ..... 5 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 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 11-12 for complete description and examples of activities.

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

<b>Acceptable Activities.....</b>	<b>PGP Points Awarded</b>
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 PGP points per specialty/per certification period.)
13. Expert consultation on a legal case related to WOC patient .....	10 points per case
(Maximum: 10 PGP points per specialty/ /per certification period.)	
14. Item writing for WOCNCB certification exam.....	3 points per item
(Refer to <a href="http://www.wocncb.org">www.wocncb.org</a> 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. period
18. Standardized Care Plans.....	5 points (maximum 15 per specialty)
Activity not defined above.....	Submit Category I Pre-Approval Form

*\*Please refer to “Definitions of PGP Terms” on pages 11-12 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 WOCNCB Exam Committee Liaison.

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

Name \_\_\_\_\_

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 only, please summarize your QI project by answering the following questions (in addition to questions #1 - #4 above):
  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?

<b>PGP Points claimed for this activity: _____</b> <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 wound, ostomy and/or continence 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 11-12 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 one:  wound  ostomy  continence

Check an activity number:  1  2  3  4  5

1. Define role in research activity:

2. Describe the research activity:

3. Date Activity Completed: \_\_\_\_\_

<p style="text-align: center;"><b>PGP Points claimed for this activity: _____</b> <i>(Transfer this total to Point Log)</i></p>
---

**INSTRUCTIONS / WORKSHEET**  
**ACTIVITY CATEGORY D: PUBLICATION ACTIVITIES**

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 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 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 PGP Terms” on pages 11-12 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 \_\_\_\_\_

Check one: wound ostomy continence

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.

	<b>EXAMPLE</b>	<b>FILL IN YOUR ACTIVITY DESCRIPTION HERE</b>
<b>Date of Publication</b>	January 2005	
<b>Title of Work / Publication</b>	Example: "Newsletter article: Pouching Strategies for Challenging Wound Patients"	
<b>Synopsis of Material</b>	Article written to teach hospital staff specific strategies.	
<b>Type of Work (Book, Chapter, Journal)</b>	Article	
<b>Published In</b>	Rochelle Memorial Hospital Newsletter	
<b>Objectives</b>	<ul style="list-style-type: none"> <li>• To give new information.</li> <li>• To teach specific pouching techniques.</li> <li>• To show there are other resources.</li> </ul>	
<b>Content Outline</b>	<ul style="list-style-type: none"> <li>• Identified patients with specific incidences.</li> <li>• Identified anatomical region associated with highest risk.</li> <li>• Outlined practice plans.</li> <li>• Cited strategies and resources.</li> </ul>	
		<b>PGP POINTS CLAIMED FOR THIS ACTIVITY</b> _____ <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 (CEU or non-CEU)..... 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 WOC Nursing Education Program students ..... 1 point for every 4 hours of precepting  
(Accredited by the WOCN Society)
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, max 3 per specialty  
(*e.g., health fair, screening clinics, supplier clinic, product fair*)

**EDUCATION PROGRAMS**

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  
– you must be the primary coordinator/administrator on the planning committee
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 11-12 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 \_\_\_\_\_

Check one: wound ostomy continence

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)

– you must be the primary coordinator/administrator on the planning committee to claim these points

Title:

Date Offered:

Presentation Time: (minutes)

Objectives (list 3):

Summary of Teaching Content:

Evaluation Method:

<b>PGP POINTS CLAIMED FOR THIS ACTIVITY</b> _____ <i>(Transfer this total to Point Log)</i>
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**VERIFICATION FORM  
CATEGORY E-2  
POSTER PRESENTATIONS**

Name \_\_\_\_\_

Check one: wound ostomy continence

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

Title of poster presentation: \_\_\_\_\_

Where presented: \_\_\_\_\_

Date presented: \_\_\_\_\_

<b>PGP POINTS CLAIMED FOR THIS ACTIVITY <u>10</u></b> <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 one: wound ostomy continence
2. Check activity number: 3 4
3. 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: WOC Other medical professional

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

**-or-**

Total hours: \_\_\_\_\_ divided by 4 (for WOC students) = \_\_\_\_\_ Total PGP Points

(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](http://www.wocncb.org) website for sample precepting tracking forms.)

<b>PGP POINTS CLAIMED FOR THIS ACTIVITY</b> _____ <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 wound, ostomy and continence specialty is acceptable. Participation in other nursing specialty or patient support organizations whose mission is directly related to the care and/or support of wound, ostomy and/or continence patients is acceptable. Examples of these acceptable organizations are the Society of Urologic Nurses and Associates (SUNA), American Association of Rehabilitation Nurses (AARN), Association for the Advancement of Wound Care (AAWC) or the United Ostomy Association of America (UOAA). PGP Points are awarded for each year of office served. Serving on in-house institution or agency committees is not acceptable.

(PGP Points can be used only in the specialty area for which the organization is noted. For example: **UOAA PGP points can be claimed only for the ostomy specialty area.**)

**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 WOCN 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 11-12 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 one: wound ostomy continence

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
<b>Total PGP Points</b> <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 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**

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 wound, ostomy and/or continence course. (The course description or title must include wound, ostomy and/or continence.)

#### **Documentation Required if Audited**

1. Submission of transcripts.

**VERIFICATION  
CATEGORY G  
ACADEMIC EDUCATION ACTIVITIES**

Name \_\_\_\_\_

Check one: wound   ostomy   continence

Name of Course	School	Date	Semester/ Quarter	Credit Hours	Points
<b>Total PGP Points</b> <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 Wound Ostomy Continence 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.

A separate form must be used for each specialty. Please limit your verification to one page. This activity is worth 5 PGP points per specialty, and has a maximum of 15 points per certification period.

*\*Please refer to “Definitions of PGP Terms” on pages 11-12 for complete description and examples of activities.*

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

Name \_\_\_\_\_

Check one: wound ostomy continence

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 WOC 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.*)

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

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

EXAMPLE

Name EXAMPLE

Check one: wound ostomy continence

EXAMPLE

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.

*As the new incontinence guidelines were updated on the CMS manual for long term care facilities, I felt I needed to increase my knowledge of these guidelines. I downloaded the changes to the manual and reviewed the documents. I then reviewed recent articles written since 2003 and started to plan how to apply this to my practice. It lead me to develop an in-service for catheter care.*

EXAMPLE

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

*Strengths: 1. Knowledge of in-dwelling catheter care and 2. Knowledge of straight cathing.*

*Challenges: 1. Prevention of UTI's in long term care, and 2. Increasing staff knowledge of treating specific types of incontinence.*

EXAMPLE

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.*)

**Goals:**

*1. Increase level of knowledge with differences of urinary incontinence of staff nurse in long term care facilities, using in-services within next two years.*

*2. Review care plans at facility for prevention of UTI's and identify areas of weakness and revise them within two years.*

<b>PGP POINTS CLAIMED FOR THIS ACTIVITY <u>5</u></b> (Transfer this total to Point Log)
--

**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](http://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.

<b>FOR OFFICE USE ONLY</b>			
PGP Committee Reviewed _____	Points Assigned _____	Category _____	Date _____

## PGP WOUND POINT LOG

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 page 7 for instructions on how to fill out forms.

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

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
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				<input type="checkbox"/> Verification form attached
Total PGP Points for Wound				

## PGP OSTOMY POINT LOG

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 page 7 for instructions on how to fill out forms.

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

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
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				<input type="checkbox"/> Verification form attached
Total PGP Points for Ostomy				

## PGP CONTINENCE POINT LOG

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 page 7 for instructions on how to fill out forms.

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

Category	Activity	Description	Total Points	☑ 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
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Total PGP Points for Continance				

## Professional Growth Program Evaluation

The WOCNCB is committed to updating the PGP process to reflect the most current clinical practices of the WOC nursing profession. Toward that end, the PGP Committee will revise the PGP Handbook every two years to meet the ongoing changes in WOC 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 PGP Handbook easy to follow?  Yes  No  
If not, what area(s) do you think need improvement?

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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.

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3. Do you have recommendations on improving the process?

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4. Will you recertify by PGP again?  Yes  No  
If not, please indicate your reason:

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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?

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Additional Comments: \_\_\_\_\_

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