National Alliance of Wound Care and Ostomy®

Continuing Education Verification Record

Instructions: Use this form to document your continuing education contact hours. If course titles do not clearly reflect the relevance to wound and skin care, include a brief description of how the course impacts your practice. Any continuing education pathway option requires documentation of completion of a minimum of 60 contact hours during the previous five (5) years.

- If submitting this form for the Experiential Pathway Certification please submit copies of your continuing education certificates with this form.
- If you chose to recertify by the Continuing Education Option copies of certificates do not need to be submitted; however they may be requested from you in the case of an audit of your file.

Contact Hour Equivalencies
1 contact hour = approximately 50 or 60 minutes of actual education time

Name_____ WCC Certification Number_____
Last First MI (if applicable)

PLEASE PRINT Record of Wound and Skin Care Continuing Education				
Date	Title/Subject Matter/Content	Sponsor, Provider or Institution	Location	Contact Hours
			Sub-Total Contact Hours	

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Date	Title/Subject Matter/Content	Sponsor, Provider or Institution	Location	Contact Hours
			Sub-total of contact hours this page	
			Sub-total of contact hours from page 1	
			Sub-total of contact hours from page 2	
			Sub-total of contact hours from page 3	
			Total Contact Hours (Add subtotals)	

I hereby acknowledge that the above stated activities and contact hours are valid and represent my continued education in the area of wound and/or skin care. I also understand that my misrepresentation or falsification of these activities could lead to the denial of my WCC® credential.

Signature_____ Date_____