



Indiana Health Care Foundation Online Diabetic Wound Management Certification Scholarship Application

This scholarship is made possible through generous support from the National Alliance of Wound Care and Ostomy. For more information on NAWCO, visit <http://www.nawccb.org/>.



National Alliance of Wound Care
and Ostomy®

- **One (1) \$2,597 scholarships available.**

The 90-day [Online Diabetic Wound Management Certification course is offered through the Wound Care Education Institute](#) and is taught by a Board Certified DWC Physician who is passionate about caring for diabetic patients. The course takes participants through the science of the disease process, focuses on limb salvage and prevention, and covers the unique needs of a diabetic patient. This course will advance your knowledge in this field of diabetes which will help you make a difference in the lives of your diabetic patients.

Eligibility:

Those health care professionals who meet the following NAWCO eligibility requirements are eligible to apply for this IHCF scholarship and sit for the board certification examination:

- Possess a High School diploma or higher and a minimum of 18 years of age
- Possess a current, unrestricted license as an LPN/ LVN, RN, NP, PT, PTA, OT, MD, DPM, DO, PA
- Agree to attend the approved online "Diabetic Skin and Wound Management Course." Course work must be started prior to October 1, 2017.
- Meet ONE of the following requirements:
 1. Currently holds an accredited certification in wound care (WCC®, CWS®, CWCN®, CWON®, CWOCN®) OR...
 2. Documented active involvement in the care of diabetic patients, or management, education or research directly related to diabetes while actively licensed for at least two (2) years FT or four (4) years PT within the past five (5) years.
- Have a passion to work with the elderly and/or disabled populations
- Return completed application with college transcripts, three letters of recommendation, and an essay to IHCF by the **July 14, 2017** deadline.
- Agree to personal interview in Indianapolis or phone interview if and when requested by IHCF.
- Scholarship winners are also invited to and encouraged to attend the IHCA/INCAL Annual Convention on August 15 in Indianapolis, IN, when they will be formally presented with their scholarship.

Supplemental Application Materials:

- Transcripts should be included to verify education indicated on the application.
- Essay should include, but not be limited to, your passion, experience, desire for the certification, the impact this certification will have in your healthcare career goals, reason for wanting/needing the scholarship, and why you deserve to receive it
- Professional letters of recommendation should include at least one from a direct supervisor.
- Provide proof of active U.S. unrestricted license in one of the qualifying areas.
- Provide proof of one of the following:
 - Current accredited certification in wound care (WCC®, CWS®, CWCN®, CWON®, CWOCN®) OR...
 - Documented active involvement in the care of diabetic patients, or in management, education or research directly related to diabetes while actively licensed for at least two (2) years full-time or four (4) years part-time within the past five (5) years.
- **Individuals related to a member of the IHCF Board of Directors are ineligible.**

IMPORTANT NOTICE:

IHCF requires the following information to be submitted via the online application portal with the completed application by July 14, 2017. Failure to provide all requested information will result in disqualification.

- ✓ Three Professional Letters of Recommendation (one from a direct supervisor)
- ✓ Essay (as described above)
- ✓ A clear photocopy of college transcripts. Transcripts do not have to be official.
- ✓ Proof of active U.S. unrestricted license in one of the qualifying areas.
- ✓ Proof of current wound care certification or documented involvement in the care of diabetic patients as described above.

Application forms are available on the IHCF's website at: <http://www.indianahhealthcarefoundation.org/pages/Scholarship/>

Completed applications and supplemental information should be submitted online at by July 14, 2017:
<https://app.smartsheet.com/b/form?EQBCT=41b81215d94448fa89cd0278fd88bdf0>

Late submissions will be not accepted.

Questions? Contact Emily Berger, IHCF Executive Director, at eberger@ihca.org or 317-616-9036.

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Special Training/Awards/Volunteer Work (additional pages accepted)

List any special training and volunteer experience in your community.

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Complete Employment History (additional pages accepted)

Current Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ Fax: _____ / _____

Present Position: _____ Date Started: _____ / _____ / _____

Immediate Supervisor: _____

Will your employer allow you time off to attend the Wound Management Certification course on September 26-30, 2016? Yes _____ No _____

Does your employer offer tuition assistance? Yes _____ No _____

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Previous Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ Date Started: _____ / _____ / _____ Date Ended: _____ / _____ / _____

Position or Job Held: _____

Immediate Supervisor: _____

Previous Employer: _____

Employer Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ / _____ Date Started: _____ / _____ / _____ Date Ended: _____ / _____ / _____

Position or Job Held: _____

Immediate Supervisor: _____



Essay Questions

On a separate page, please write an essay that covers each of the following points. Your essay should be typed. Please limit your response to 1000 words.

- Describe your work and healthcare experience, include volunteer experience in your community
- Describe your interest in working with the elderly and chronically ill and long-term care
- Describe your expectations and vision as a wound-certified professional in a residential or long-term care facility

Finalists may be asked to schedule a 30-minute in-person or phone interview with the IHCF Scholarship Committee at the discretion of the committee.

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References: (please list the three professional references whose letters of recommendation are attached)

Reference 1 – Current Employment:

NAME: _____

FACILITY: _____

PROFESSIONAL RELATIONSHIP TO CANDIDATE: _____

Reference 2:

NAME: _____

TITLE: _____

PROFESSIONAL RELATIONSHIP TO CANDIDATE: _____

Reference 3:

NAME: _____

TITLE: _____

PROFESSIONAL RELATIONSHIP TO CANDIDATE: _____

Please ask references to submit to you a letter of reference to be attached to your application. The letter should be on the individual’s company letterhead if appropriate and should describe why you would be a worthy recipient of a IHCF scholarship, addressing such areas as level of maturity, sensitivity to people’s needs, a known commitment to the elderly or to long-term care, that reflects good customer service and clinical skills.

Completed applications and supplemental information should be submitted online at by July 14, 2017:
<https://app.smartsheet.com/b/form/41b81215d94448fa89cd0278fd88bdf0>

Questions? Contact Emily Berger, IHCF Executive Director, at eberger@ihca.org or 317-616-9036.

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