

*International Applicants to
VA Eastern Kansas Wound Management Academy (VAEKWMA)
4101 S. 4th Street Trafficway
Leavenworth, Ks. 66048
913-758-4146
Fax 913-946-1568*

Criteria for Student Admission

Degree and Transcript requirements

1. International student requirements for admission to VAEKWMA:
 - a. Baccalaureate degree with a major in Nursing or equivalent.
 - b. Student transcripts must be in English and evaluated for equivalency to a Baccalaureate degree with a major in Nursing to Commission on Graduates of Foreign Nursing School (CGNFS)
 - c. Student's credentials must be submitted for evaluation to CGNFS.

Approved Credentialing Agency:
Commission on Graduates of foreign Nursing Schools (CGNFS)
3600 Market Street, Suite 440
Philadelphia, Pennsylvania 19104-2651
Telephone: 215-222-8454
<http://www.cgfns.org>

All education transcripts and nursing license must be evaluated by an approved credentialing agency and the report sent to **VAEKWMA** and **Kansas State Board of Nursing**. A full education course by course report should be completed.

Language requirement

2. All students must show proficiency in writing, speaking and understanding the English language if their education and primary language is not English.
3. Students must complete the Test of English as a Foreign Language (TOEFL) and TSE exam. Kansas State Board of Nursing requires a minimum score of 213 on the computerized TOEFL and 550 for the paper and pencil TOEFL and a minimum score of 50 on the TSE.

Kansas State Board of Nursing has approved the following scores for the new TOEFL iBT:

Minimum Scores:
Writing 20
Speaking 20
Reading 19
Listening 20

Each area must meet the minimum requirement.

TOEFL/ TSE Publications
P.O. Box 6154
Princeton, New Jersey 08541-6154
Telephone: 609-771-7760
<http://www.toefl.org>

Request the results to be sent to Kansas State Board of Nursing by using the code number 9149 in the results reporting lists.

4. The course is fast paced, demanding and intense and the ability to write, speak, and understand the English language is strongly recommended.
 - a. The curriculum consists 90 hours of didactic in English.
 - b. The clinical component consists of 40 hours of precepted clinical in an English speaking environment.

Insurance

5. Nurses Liability Coverage is required for all Wound Management Students. The minimum mandatory amounts being \$1,000,000.00 each incident, \$3,000,000.00 aggregate. The agency used is the student's decision. Proof of coverage must be sent to the Academy by face sheet of policy showing coverage and expiration date.
 - a. Please send a copy of the face sheet of your policy or have your insurance company fax us a binder letter to 913-946-1568
 - b. Amount required: \$1,000,000 each incident, \$3,000,000 aggregate. Approximate cost \$89.00. (**Liability insurance may be purchased after written notification of acceptance into the program and a faxed copy of cover sheet provided to the Academy**)

License as a Registered Nurse

6. International students must obtain an RN license through Kansas State Board of Nursing
 - a. Information regarding /licensing and endorsement forms can be found <http://www.ksbn.org>
 - b. Kansas State Board of Nursing require evaluation of curriculum and degree to be done by Commission on Graduates of Foreign Nursing School (CGNFS) <http://www.Cgfn.org>

Criteria for admission

7. Verification of current drug screen results. (within 6 months of admission to the course)

8. Verification of current background check. (within 6 months of admission to the course)
9. Three Letters of Reference/Recommendation (one from current employer).
10. Recent physical exam signed by physician. (within 3 months of admission to the course)
11. Training:
 - a. Blood borne pathogens.
 - b. HIPPA.
12. Copy of current CPR
13. Copy of Current RN license
14. Evidence of immunizations (within 3 months of admission to the course)
 - Current TB
 - Tetanus
 - Rubella
 - Rubeolla
 - Hepatitis vaccine and titer
 - Varicella history, vaccines or titers

To be considered for acceptance into this program, the VAEKWMA requires the following:

- One year of RN clinical nursing experience following RN licensure.
- Completed Application for Admission and the mandatory non-refundable application fee of \$150.00 made payable to the *Department of Veterans Affairs*.
- Official transcript(s), evaluated reports must be mailed from CGFNS.
- Copy of driver's license or Visa Card.

APPLICATION DEADLINE: 45 days prior to start of session

Health Forms

- Statement regarding health status completed and signed by a Physician.
- Current negative chest X-ray report within past two years OR current PPD. We ask that you acquire your PPD within **three months of class**.
- Documentation of vaccination against rubella and measles (rubeola). No documentation required if your date of birth is prior to January 1, 1957.
- Documentation of Hepatitis B immune status OR record of vaccine series.
- Positive history of Chicken pox (and date); if you HAVE NOT had chickenpox, or do not know, you **MUST** attach serologic evidence of your status. Current documentation of Universal Precautions training (a copy of a sign in sheet or a brief statement from employer, etc.)

Upon notification of acceptance into the Wound Management Academy, a non-refundable \$300.00 deposit will be required. The remaining balance of the tuition fee will be due two (2) weeks prior to the start of the program.

Completed application and required documents must be mailed in one envelop to:

VA Eastern Kansas Wound Management Academy
 4101 South 4th Street Trafficway
 Leavenworth, Ks. 66048

Incomplete applications will not be considered and the applicant will be notified by mail.

Please contact Sharon Saim, Director of Wound Management Academy, at 913-758-4146 with any questions or concerns regarding the application process.

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APPLICATION FOR ADMISSION

I. PERSONAL INFORMATION:

Name: _____
Last First Middle

Home Address: _____
Street
City State Zip Code

Social Security #: _____ Date of Birth: _____

Telephone: (____) _____ (____) _____ (____) _____
Home Work Cell

Fax #: _____ (H)/(W) E-mail: _____ (H)/(W)

Place of Employment: _____

Current Position: _____

Name of Person to Notify in Case of Emergency: _____

Address: _____

Telephone: (____) _____ (____) _____
Home Work

APPLICATION DEADLINE: 45 days prior to start of session

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II. EDUCATION:

Name of Institution	City and State	Date of Entrance	Date of Leaving	Hours or Degree Earned

Current RN Licensure: _____
State
Number
Exp. Date

Please attach a photocopy of your current RN license.

III. PROFESSIONAL EXPERIENCE – Begin with most recent:

A. _____
Employer
City/State
Dates

Position Title and Brief Description of Responsibilities

B. _____
Employer
City/State
Dates

Position Title and Brief Description of Responsibilities

C. _____
Employer
City/State
Dates

Position Title and Brief Description of Responsibilities

D. _____
Employer
City/State
Dates

Position Title and Brief Description of Responsibilities

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IV. PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG – Include Committee Participation:

V. REFERENCES:

List three references that are familiar with the quality of your work, have worked directly with you, and that you have known for one-two years.

A. Name: _____ Title: _____

Institution: _____

Address: _____

Telephone Number _____

B. Name: _____ Title: _____

Institution: _____

Address: _____

Telephone Number _____

C. Name: _____ Title: _____

Institution: _____

Address: _____

Telephone Number _____

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2012 Classes

March 12 – March 31

May 7 – May 26

July 9 – July 28

September 10 – September 29

VI. Please write in the dates of choice for the class that you are applying for:

- First choice _____
- Second choice _____

If the class that you have chosen for your first choice is full; you will receive written notification.

VI. I hereby certify that this information is correct. I understand that any misrepresentation or omission of facts called for on the application is cause for cancellation or expulsion from this program.

(Applicant's Signature)

(Date)

VII. How did you hear about our program?

- WOCN Website/Journal _____
- Nurse Week Magazine _____
- WOC (ET) Nurse _____
- Other (specify) _____

VIII. The VA Eastern Kansas Wound Management Academy will:

1. Keep all application materials confidential and review fairly without discrimination.
2. Notify applicants of acceptance or rejection within two weeks following review.

“Under authority of Section 301 of Public Law 104-262 and 38 U.S.C. §8153, the training provided by the VA Eastern Kansas Wound Management Academy and received by the accepted applicants of this Program herein constitutes completion of this agreement. No warranty is implied or given.”

In compliance with the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, and the Rehabilitation Act of 1973, it is our policy to recruit, retain, and promote the most outstanding students, faculty, and staff possible regardless of the individual’s sex, marital status, race, color, religion, national origin, or physical handicap.

THIS SECTION TO BE COMPLETED BY FACILITY DIRECTOR OR DESIGNEE

DATE RECEIVED -----	INITIALS -----
DATE REVIEWED -----	INITIALS -----
DATE ACCEPTED -----	INITIALS -----
DATE NOTIFIED -----	INITIALS -----
DATE OF \$50.00 APPLICATION DEPOSIT (NONREFUNDABLE)-----	INITIALS -----