



**Application for WCET Recognition of Enterostomal Therapy Nursing Education Program (ETNEP)  
and Recognised Education Program (REP)**

1. Country of ET Nursing Education Program (ETNEP/REP) Application \_\_\_\_\_
2. Name of ETNEP/REP \_\_\_\_\_  
(State name in local language – to be used for official correspondence and on recognition certificate)
3. Name of ETNEP/REP In English (If different from local language) \_\_\_\_\_
4. Name of institution coordinating/administering the ETNEP/REP \_\_\_\_\_
5. Name and title of primary ET nurse involved in writing, reviewing or teaching within ETNEP /REP \_\_\_\_\_
6. Is the primary ET nurse a current member of the WCET?  Yes  No
7. Primary nurse's place and year of ET nurse training      Institution \_\_\_\_\_ Year \_\_\_\_\_
8. Name and title of ETNEP/REP Director/Administrator ( If different from Primary ET Nurse) \_\_\_\_\_
9. Is the Director an ET nurse?  Yes  No
10. Is the Director a current member of the WCET?  Yes  No
11. Years of Previous ETNEP/REP recognition (if applicable) \_\_\_\_\_
12. Does the national nursing organisation/ ET nurse association support the program? (Include a letter of support with this application).  Yes  No

**For all ETNEP correspondence and enquiries**

13. Name of ETNEP/REP (as listed in 2 above) \_\_\_\_\_
14. Name of contact person \_\_\_\_\_
15. Postal address (official address, not home address) \_\_\_\_\_
16. City and zip code \_\_\_\_\_
17. Country \_\_\_\_\_
18. Telephone (including country and area code please) \_\_\_\_\_
19. Fax (including country and area code please) \_\_\_\_\_
20. E-mail \_\_\_\_\_



**Course Information**

- 21. Next program – Proposed start date \_\_\_\_\_
- 22. Next program – Proposed completion date \_\_\_\_\_
- 23. How often is it planned to run this program? \_\_\_\_\_
- 24. Theoretical tuition cost – local currency \_\_\_\_\_ Theoretical tuition cost – \$US \_\_\_\_\_
- 25. Clinical tuition cost – local currency \_\_\_\_\_ Clinical tuition cost – \$US \_\_\_\_\_
- 26. Total cost of ETNEP /REP– local currency \_\_\_\_\_ Total cost of ETNEP/REP – \$US \_\_\_\_\_
- 27. Language in which program is conducted: \_\_\_\_\_
- 28. Mode of study (please indicate):
  - 8 week block – 5 days per week
  - Split option with theoretical blocks and clinical management between students
  - Distance education program with clinical arrangements between student and preceptor
  - Extended program over 6+months; specific clinical/theory days
  - Other (please specify)
  
- 29. Number of theoretical hours: \_\_\_\_\_
- 30. Number of clinical hours: \_\_\_\_\_
- 31. Methods of theoretical assessment:
  - Final written exam
  - Written assignments
  - Weekly quizzes
  - Work books
  - Oral class presentation
  - Literature review
  - Case study
  - Research proposal
  - Topic paper
  - Other (please specify)



32. Methods of clinical assessment:

- Clinical viva
- OSCE (Objective Structured Clinical Examination)
- Clinical competency book     Simulated observed practice     Patient review
- Clinical teaching                       Direct preceptor observation     Peer review
- Other (please specify)

33. Percentage of program involved with:

- \_\_\_\_% Stoma and fistula management and care
- \_\_\_\_% Wound management and care inclusive of drains and draining wounds
- \_\_\_\_% Continence management and care
- \_\_\_\_% Professional Development inclusive of research, management, ethical issues

34. Qualification to be granted on completion of program

\_\_\_\_\_

### Student Information

35. Are students with other primary languages accepted into the program?                       Yes     No

36. If yes, which language testing methods are used prior to accepting the student? \_\_\_\_\_

37. What are the professional requirements for students entering the program?

- Bachelor degree     RN with special interest in stoma care     RN min 2 years' exp.     Other (please specify) \_\_\_\_\_

38. Number of students accepted into each program: \_\_\_\_\_

39. Is student's nursing registration certificate sighted prior to acceptance?                       Yes     No

40. Are students from other countries permitted 'hands on' clinical care?                       Yes     No

State requirements for this: \_\_\_\_\_

41. Are students encouraged to join WCET as: Full members on enrolment in the ETNEP?                       Yes     No



**Program Information**

42. Ratio of students to ET clinical preceptors: \_\_\_\_\_

43. Names of ET nurse clinical preceptors plus current place of employment, year and place of ET training: (Add more lines if required)

<b>Name of clinical preceptor</b>	<b>Place of employment</b>	<b>Position held</b>	<b>Country/ETNEP (of preceptor)</b>	<b>Year of ET Training</b>

44. Names of other clinical preceptors utilized in program ex. Wound Consultant, Continence Nurse Advisors etc (Add more lines if required)

<b>Name of clinical preceptor</b>	<b>Place of employment</b>	<b>Position held</b>	<b>Qualifications</b>	<b>Clinical areas of expertise</b>



45. Names of theoretical tutors/speakers: ET Nurse (ET), Doctor (DR), General Nurse (GN), Paramedical (PM) ex. dietician, podiatrist, pharmacist & Other (O) e.g. ostomate. (Add more lines if required)

Name	Position/Qualification (ET) (DR) (GN) (PM) (O)	Place of employment	Area of Expertise

**Trade/Product/Pharmaceutical**

46. Main ostomy wound and continence companies in the country:

<input type="checkbox"/> Alcare	<input type="checkbox"/> Bard	<input type="checkbox"/> BBraun	<input type="checkbox"/> Coloplast
<input type="checkbox"/> ConvaTec	<input type="checkbox"/> Dansac	<input type="checkbox"/> Eakin	<input type="checkbox"/> Hollister
<input type="checkbox"/> NuHope	<input type="checkbox"/> Clinimed	<input type="checkbox"/> Other (please specify)	

47. Ostomy wound continence companies which have been given a time in the program to discuss products

<input type="checkbox"/> Alcare	<input type="checkbox"/> Bard	<input type="checkbox"/> BBraun	<input type="checkbox"/> Coloplast
<input type="checkbox"/> ConvaTec	<input type="checkbox"/> Dansac	<input type="checkbox"/> Eakin	<input type="checkbox"/> Hollister
<input type="checkbox"/> NuHope	<input type="checkbox"/> Clinimed	<input type="checkbox"/> Other (please specify)	



**Teaching and Learning Resources**

48. List main text books **students are advised to purchase and/or are available for purchase** during the program(Add more lines if required):

<b>Author(s)</b>	<b>Title of book or journal</b>	<b>Date of publication</b>	<b>Publisher's name</b>	<b>Publisher's country</b>

*Please add additional list if required*

49. List main text books **students are able to access** during the program: i.e. available in Library or online. (Add more lines if required.)

<b>Author(s)</b>	<b>Title of book or journal</b>	<b>Date of publication</b>	<b>Publisher's name</b>	<b>Publisher's country</b>

*Please add additional list if required*





52. Other Teaching/ learning resources utilised in ETNEP e.g. list of key journal articles available for students if no actual journals available, CD and DVDs etc.  
(Add more lines if required.)

<b>Teaching Resources</b> available to students e.g. Printed Journal articles, CDs, DVD, etc	<b>How is this available to students</b>





Please submit all the following information by **email** to:

The WCET Education Committee Chairperson: [education@wcetn.org](mailto:education@wcetn.org)

- This completed application form should be accompanied with a
- Course curriculum document which should detail:
  - Educational aims of the course
  - Learning outcomes for students
  - All methods of student assessment including criteria for course completion/passing
  - An example of a theory test or assignment
  - An example of a clinical test or competency
- Letter of support from national nursing association OR National Enterostomal Therapy Nursing Association (or equivalent)
- Program Timetable (proposed)
- Completed ETNEP/REP checklist (as supplied by WCET)

This application will be subjected to review by the WCET Education Committee and you will be notified of recommendations or recognition within 12 weeks of receipt of the application.

Signature of primary ET nurse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of ETNEP/REP Director (if different from above): \_\_\_\_\_ Date: \_\_\_\_\_