

VA Eastern Kansas Wound Management Academy
4101 S. 4th Street Trafficway
Leavenworth, Ks. 66048
913-758-4146
Fax 913-946-1568

APPLICATION DEADLINE: 45 days prior to start of session

Criteria for Student Admission

1. Verification of current drug screen results. (within 6 months of admission to the course)
2. Verification of current background check. (within 6 months of admission to the course)
3. Three Letters of Reference/Recommendation. (one from current employer).
4. Recent physical exam signed by physician. (within 3 months of admission to the course)
5. Training:
 - Blood borne pathogens.
 - HIPPA.
6. Copy of current CPR
7. Copy of Current RN license
8. Evidence of immunization (within 3 months of admission to the course)
 - Current TB
 - Tetanus
 - Rubella
 - Rubeolla
 - Hepatitis vaccine **and titers**
 - Varicella history, vaccines or **titers**
9. Proof of Health Insurance
10. Official Transcript
11. Copy of photo ID
12. \$150.00 application non-refundable (if applicable)
13. Professional Liability Insurance
14. Application for Health Professions Trainees: <http://vaww.va.gov/vaforms/medical/pdf/vha-10-2850d-fill.pdf>
15. OF-306: Declaration for Federal Employment: http://www.opm.gov/forms/pdf_fill/of0306.pdf
16. USCIS Form I-9: Employment Eligibility Verification: <http://www.uscis.gov/files/form/i-9.pdf>

All documents must be submitted no later than 10 days prior to class.

To be considered for acceptance into this program, the VA Eastern Kansas Wound Management Academy requires the following:

- Applicant must be an RN with a Baccalaureate Degree or higher with a major in nursing.
- One year of RN clinical nursing experience following RN licensure.
- **Nurses Liability Coverage:** You **must be covered** by Nurses Liability insurance during your clinical instruction. Proof of coverage must be provided with completed application:
 - 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
 - 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)**
- Completed Application for Admission and the mandatory non-refundable application fee of \$150.00 made payable to the **Department of Veterans Affairs.**
 - **Not applicable for EKHCS employees**
- Official transcript(s). **(These must be mailed in a sealed envelope – cannot be faxed).**

- **Unencumbered license to practice as a Registered Nurse in Kansas and relevant Kansas Board of nursing certificate(s).** <http://www.ksbn.org/> . Background checks will be done by Kansas State Board of Nursing.
- Copy of photo ID or drivers license

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 to:

VA Eastern Kansas Wound Management Academy
 Attn: WMA
 4101 South 4th Street Trafficway
 Leavenworth, KS 66048

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

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

APPLICATION DEADLINE: 45 days prior to start of session.

VA Eastern Kansas Wound Management Academy
4101 S. 4th Street Trafficway
Leavenworth, Ks. 66048
913-758-4146
Fax 913-946-1568

APPLICATION FOR ADMISSION

I. PERSONAL INFORMATION:

Name: _____
Last First Middle

Home Address: _____
Number 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 Cell

APPLICATION DEADLINE: 45 days prior to start of session

VA Eastern Kansas Wound Management Academy
4101 S. 4th Street Trafficway
Leavenworth, Ks. 66048
913-758-4146
Fax 913-946-1568

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

APPLICATION DEADLINE: 45 days prior to start of session

VA Eastern Kansas Wound Management Academy
4101 S. 4th Street Trafficway
Leavenworth, Ks. 66048
913-758-4146
Fax 913-946-1568

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 _____

APPLICATION DEADLINE: 45 days prior to start of session

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

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

2015 Possible Classes:

March 9 – March 28

May 4 – May 23

July 6 – July 25

September 14 – October 3

- 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."

APPLICATION DEADLINE: 45 days prior to start of session

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 \$150.00 APPLICATION DEPOSIT (NONREFUNDABLE): _____	INITIALS: _____