

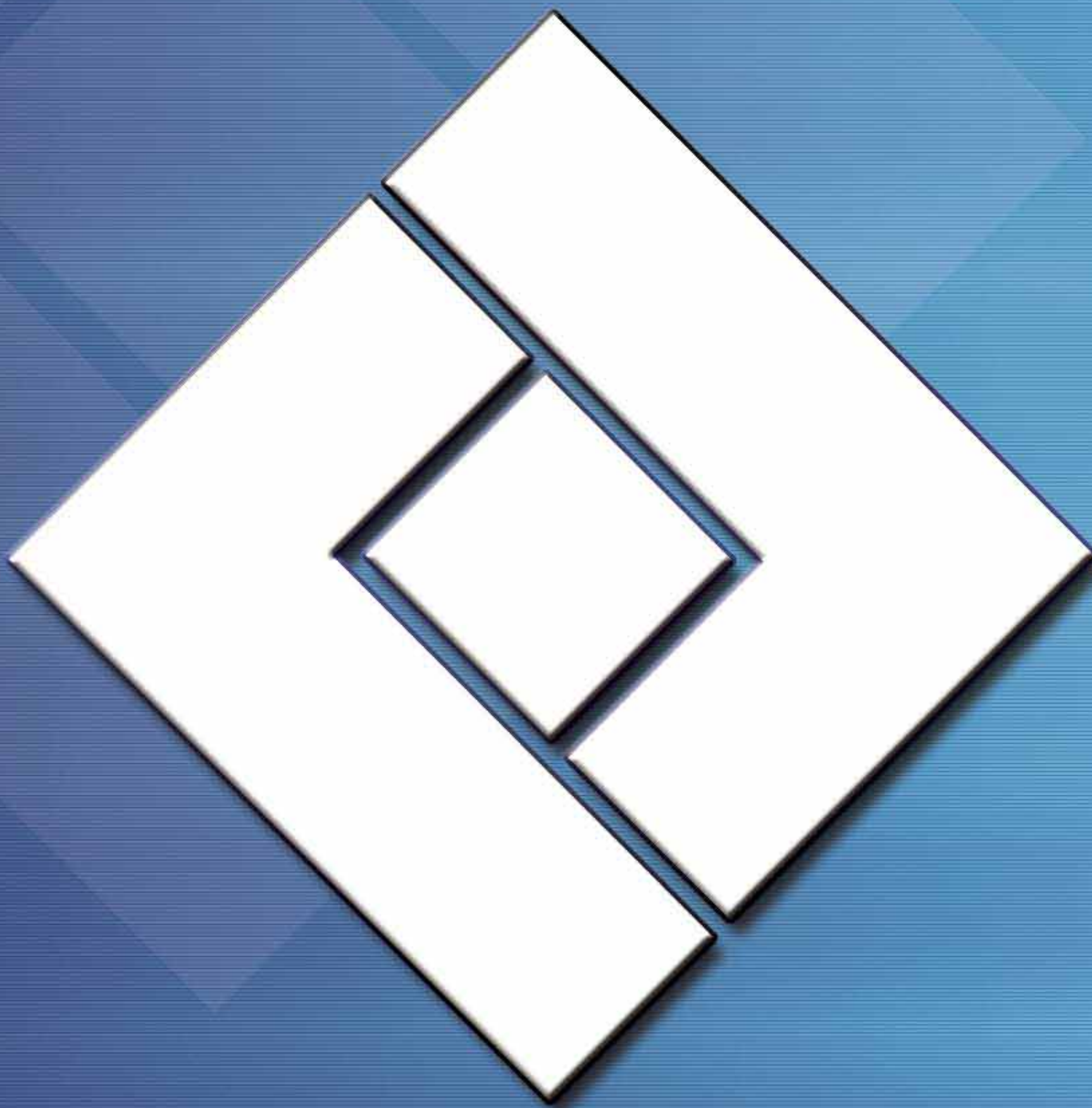


Wound  
Ostomy and  
Continence  
Nurses  
Society

# Membership Application

Wound, Ostomy, and Continence Nurses Society

*Advancing the practice and guiding the delivery of expert health care to patients*



*A special calling*

*Knowledge...leadership...commitment to caring*

[www.wocn.org](http://www.wocn.org)

# Membership Application

A special calling ♦ Knowledge...leadership...commitment to caring

## WOC Nursing – A Special Calling

The role of a nurse specializing in the care of patients with wound, ostomy or continence (WOC) disorders is multifaceted, challenging and rewarding: coordinating patient care in complex environments, using skills in science and technology, customer service, critical thinking, advocacy, decision-making, managing, communicating and creative problem solving.

WOC nurses have successfully met the rigorous criteria and passed the examination to become certified in the area(s) of wound, ostomy and/or continence nursing. This respected certification is held only by an elite group of specialty nurses.

WOC nurses work with other disciplines and provide supervision of additional health care providers, make recommendations for patient care that are evidence-based, cost-effective and individualized for specific patient situations, with a dual focus on complication prevention and disease state management.

Bringing it all together is no easy task. The WOC nurse's knowledge, leadership and commitment to caring make it happen. And for support, continuing education and professional resources, WOC nurses turn to the WOCN Society.

## The WOCN Society

Founded in 1968, the Wound, Ostomy and Continence Nurses (WOCN) Society is the only national organization for nurses who specialize in the prevention of pressure ulcers and the management and rehabilitation of persons with wounds, ostomies and continence disorders. With more than 4,000 members, the society's mission is to support its members by promoting educational, clinical and research opportunities to advance the practice and guide the delivery of expert health care to individuals with wounds, ostomies and continence disorders.

Accepted as the "gold standard" for the management of patients with WOC conditions as well as the premier provider of education and best practice/optimal patient outcomes, the WOCN Society promotes collaborative, state-of-the-art clinical research to improve patient outcomes and drive policy decisions.

**Member Testimonial** *"WOCN is invaluable in providing me with a network of colleagues, as well as timely CE programs and important legislative updates. I don't see how anyone in this line of work could function at a professional level without being a member."*

*Debra Dubuc, RN, MSN, APRN-BC, CWCN, COCN*

## High Demand – High Satisfaction

As the population ages and hospital stays shorten, there is increasing demand for the time-efficient, cost-effective treatment the educated WOC nurse provides. WOC nurses have their choice of many areas of practice, including:

- ♦ Stoma care
- ♦ Pressure ulcer prevention
- ♦ Wound care/management
- ♦ Urinary incontinence
- ♦ Fecal incontinence

The WOC nurse brings expertise to a variety of settings—acute care, home care, long-term care, outpatient clinics, community health centers and independent practices. The choices—and opportunities—are nearly limitless.



*"Advancing the practice and guiding the delivery of expert health care to patients"*



If you're interested in the rewarding field of WOC nursing, visit the WOCN Society Web site at [www.wocn.org](http://www.wocn.org) and click on "Education" to learn about WOCN-accredited professional education programs and the opportunities available to the WOC nurse.

## Membership Privileges

The WOCN Society helps its members keep pace with advances in science and technology, connect with colleagues and offer opportunities that will open doors. Benefits include:

- ◆ Networking with renowned professionals in the field
- ◆ Bimonthly journal, *Journal of Wound, Ostomy and Continence Nursing* (JWOCN)— provides information on the latest research and practice issues
- ◆ Discounted registration fee for the annual conference
- ◆ Continuing education through a WOCN CE approval process and online CE opportunities
- ◆ The WOCN Society "Members-Only" forums, an electronic community
- ◆ A voice in Washington, DC, and at national nursing meetings
- ◆ WOCN Society Web site, [www.wocn.org](http://www.wocn.org), with the latest news, education and professional resources
- ◆ Referral listings and job opportunities through the Web site
- ◆ Scholarship, grant and award opportunities
- ◆ *WOCNews*, quarterly newsletter—provides information and WOCN Society updates
- ◆ *WOCNow*, electronic newsletter—provides news and time-sensitive information
- ◆ Discounts on WOCN Society products

## Join Us!

Membership is available in several categories (refer to application for prices)

- ◆ Active Member (must be RN)
- ◆ Associate Member (open to non-RN professionals)
- ◆ Student
- ◆ Retired-Active
- ◆ Retired-Associate
- ◆ Graduate—first year graduate

\* Corporate Membership—Please contact the national office for details.

To apply, visit to the WOCN Web site at [www.wocn.org](http://www.wocn.org) under the "Membership" heading and click on "Join Online Now" or

- ◆ Phone at (888) 224-WOCN (9626)
- ◆ Fax at (856) 439-0525
- ◆ Send completed membership application/renewal invoice to:

**WOCN National Office**  
15000 Commerce Parkway, Suite C  
Mt. Laurel, NJ 08054



**Member Testimonial** *"Gaining membership has helped me broaden my understanding about the complex role of being a WOC nurse. The society provides clinical updates and links to leadership society forums where all members can access information and opinions are heard, and it gives recognition to the enduring hard work of its active members."* Annie A. Ocampo, BSN, RN



# WOCN Membership Application

## ◆ Name and Business Contact Information

First Name	Last	Middle	Credentials (e.g., BSN RN CRRN)
Title			
Place of Employment			
Address			
City	State	ZIP	
Phone	Fax	E-mail	
Recruited by			

## ◆ Home Address and Contact Information

Address		
Address		
City/State or Province/ZIP/Country		
Telephone	Fax	E-mail

**Preferred Mailing Address**  Business  Home (Please check one box to indicate where you prefer to receive your mail.)

**WOC Nurse Referral Listing (Web site)**  Business  Home  Do Not Publish  
**Membership Directory Listing**  Business  Home  Do Not Publish

## ◆ Membership Categories, Payment, and Contribution Information

- Active (Must be RN) .....\$110       Retired-Active .....\$65
- Associate (Open to non RN professionals) .....\$105       Retired-Associate .....\$65
- Student\* .....\$65

\*For full-time students who are studying to become a registered nurse, provide the name, city, and state of the school you are attending in the space below.

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

**Deductibility of Contributions:** Consult your tax adviser for information about the deductibility of membership fees and contributions.

I would like to make the following contribution(s)

WOCN Scholarship Foundation \$ \_\_\_\_\_ WOCN Center for Clinical Investigation \$ \_\_\_\_\_

**Please specify WOCN Society Region /or Affiliate Preference** I want to belong to Region \_\_\_\_\_ or Affiliate \_\_\_\_\_

(For key visit [www.wocn.org](http://www.wocn.org))

A small portion of your dues will be allocated to the selected region or affiliate.

<b>Form of payment (in U.S. funds only)</b>	
<input type="checkbox"/> Check (payable to Wound, Ostomy, and Continence Nurses Society) <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMEX	
Acct. # _____	Exp. date _____
Signature _____	
<i>I authorize WOCN Society to charge the above-listed credit card an amount reasonably deemed by WOCN Society to be accurate and appropriate.</i>	

Total Dues \$ \_\_\_\_\_

Contribution Amount \$ \_\_\_\_\_

(Additional \$25) Outside U.S. \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

over please ⇌



Wound  
Ostomy and  
Continence  
Nurses  
Society



# Member Profile

## Nursing Education

- Graduated WOC full scope nursing education program
- Graduated WOC specialty nursing program

Date of graduation \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR  
Date of graduation \_\_\_\_\_ MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR

## Nursing Experience

Number of years of nursing experience \_\_\_\_\_  
Number of years experience as a wound, ostomy, or continence nurse \_\_\_\_\_

Gender (optional)  Female  Male Birthdate (optional) \_\_\_\_\_

## Certification (Check all that apply.)

- CWOCN  CWCN  COCN  CCCN  Not Certified  Other

## Employment Setting (Check one that is most applicable.)

- Hospital  University/school  Physician's office  Pharmacy/supplier
- Industry  Integrated system  Home health system  Outpatient facility
- Private practice  Nursing home/Extended care facility  Other

## Practice Setting (Check all that apply.)

- Acute care  Home care  Outpatient care  Extended care
- Education  Administration  Research  Other

## Areas of Practice (Check all that apply.)

- Wound and skin  Ostomy  Continent diversion  Other
- Incontinence  Behavioral therapies  Skin care containment

## Patient Population (Check all that apply.)

- Pediatrics  Adult  Geriatrics

## Do You Accept Referrals? (Check all that apply.)

- No  General information/Support only  Outpatient Services

*Please return your application and payment to WOCN:*

**WOCN**  
**15000 Commerce Parkway**  
**Suite C**  
**Mt. Laurel, NJ 08054**  
**Fax: (856) 439-0525**  
**E-mail: [wocn\\_info@wocn.org](mailto:wocn_info@wocn.org)**  
**[www.wocn.org](http://www.wocn.org)**



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