



## **WORLD COUNCIL OF ENTEROSTOMAL THERAPISTS**

### **REQUEST FOR ETNEP/REP CERTIFICATES**

Upon request, WCET will provide certificates from graduates of WCET approved ETNEPs and REPs. To request certificates, please submit this completed form and send to the WCET Education Committee Chairperson at [education@wctn.org](mailto:education@wctn.org).

Details provided will be verified against WCET records for this program. Approved certificates will be sent directly to the program director (or appointed representative) in PDF format via email.

WCET requests student email addresses for the purpose of inviting students to join WCET. Student email addresses will never be shared with third parties.

**Program Name:**

**Program Date:**

#### **STUDENT INFORMATION**

**Student Name in Other Language  
(e.g.: Mandarin)**

**Student Name in English**

**If blank, only English name will be listed.**

**Student Email Address**

**Please attached additional pages if necessary**