KHCA/KCAL Joan Hamel Nursing Scholarship
For Advancement in Nursing Education

Application Information for ACWN
Advantage Certified Wound Nurse
May 14-15, 2025 (Wichita, KS)

TO: All KHCA and KCAL Member Facilities

The Kansas Health Care Association's Nursing Advisory Committee (NAC) is pleased to sponsor the Joan Hamel Nursing Education Scholarship Program. This Scholarship through the Nurse Advisory Committee aims to support Long Term Care Nurses seeking to advance their expertise in wound care by providing financial assistance for Wound Care Certification. This scholarship is open to nurses who demonstrate a strong commitment to wound management within their organization, quality resident care, and professional development.

KHCA will award 16 individual full scholarships for KHCA or KCAL member facility nurses who wish to further their nursing education by attending the May 14-15, 2025 2-day Advantage Wound Care Certification Course in Wichita, KS.

Only one scholarship per facility may be awarded. The scholarship recipients will be selected by the Nursing Advisory Committee Executive Board. Recipients will be notified by KHCA/KCAL.

To be considered for this scholarship, applicants must meet the following requirements:

1. **Licensure:** Hold an active and unrestricted Kansas or Compact nursing license (RN, LPN, or NP).

2. **Tenure:** Have been with their KHCA/KCAL Member Organization for 1 year or more.

3. **Experience:** Have at least one year of clinical experience in LTC.

4. **Commitment:** Demonstrate a dedication to improving wound care practices and applying knowledge to patient care.

The scholarship will cover 100% of the cost of attending the Advantage Would Care Certification course offered by KHCA with education delivered by the Advantage Surgical and Wound Care Team. May 14-15, 2025 in Wichita, KS. This includes the course, color handout materials, competency checklists, 14.5 contact hours, and exam.

Applicants must submit the following materials:

1. Completed Application Form (see below).

2. Personal Statement describing who you are, what you do and why you want to be wound care certified.

3. A letter of recommendation from a supervisor, educator, or colleague who can speak to your dedication to residents in LTC.

Incomplete Applications will NOT be considered, **Application Deadline is April 25, 2025**
Recipients will be notified April 30, 2025, Submit applications to khca@khca.org

All selection decisions and awards shall be made without regard to race, creed, color, national origin, sex, age or disability.

Joan Hamel Nurse Advisory Committee
Scholarship Application Form

Wound Certification Course

Personal Information
Name: _____
Phone Number: _____
Email Address: _____
Address: _____

Current Employer
Long Term Care Facility Name:_____
Job Title: _____
How long have you worked at this facility?_____

Nursing Education
Name of Nursing School: _____
Degree/Diploma Earned: _____
Year of Completion: _____
Kansas License Number:_____

Specializations (if any): _____

Please include the following information in addition to this application:

1. Personal Statement describing who you are, what you do and why you want to be wound care certified.

2. Letter of Recommendation from a supervisor, educator, or colleague currently working in LTC who can speak to your dedication to residents in LTC.

Declaration I hereby declare that the information provided above is true and accurate to the best of my knowledge.

Signature: _____
Date: _____

Application and supplemental information must be received by April 25, 2025 to be considered.

Email applications to khca@khca.org

Incomplete applications will not be considered.