1. **Agency and Training Information**

**Coordinator Name**



**Agency** Choose Agency Name

**Clinic(s)**



**Date Training Started** Click or tap to enter a date.

**Date Training Completed** Click or tap to enter a date.

**Select One Box Below:**

**Trainee Completed Required Observations for Anthropometrics and Hemoglobin screening**

**OR**

**Requesting Temporary Status-** allows certifier to perform remote certifications only until required observations for measurements and hematology are completed

1. **For staff in Temporary Status**

Completed Required Observations for Anthropometrics and Hemoglobin Screening Completed

**Coordinator Signature**



**Completion Date** Click or tap to enter a date.

1. **Address to Send Certificate**

Clinic Name

Street Name, City, State ZIP Code

**Coordinator Signature**



**Date** Click or tap to enter a date.

**4. For State WIC Office Use Only**

Confirmed all training **and** all required observations completed **OR**

Confirmed training completed **without** required observations for anthropometrics and hemoglobin screening-temporary status granted

Local Program Consultant Signature  **Date** Click or tap to enter a date.



**Confirmed required observations completed**

Local Program Consultant Signature ** Date** Click or tap to enter a date.

**Competency Log**

| **Competency Worksheet** | | **A**  **Date Trainee Completed Training Requirements** | **B**  **Date Trainer Observed & Confirmed Competencies** | **C**  **Trainer Signature** |
| --- | --- | --- | --- | --- |
| 1. | Getting Started on WIC |  |  |  |
| 2. | Communication |  |  |  |
| 3. | Cultural Humility and Implicit Bias |  |  |  |
| 4. | Participant Confidentiality |  |  |  |
| 5. | Anthropometrics |  |  |  |
|  | * Anthropometric Techniques\* |  |  |  |
| 6. | Hematology |  |  |  |
|  | * Hematology Techniques\*\* |  |  |  |
| 7. | Nutrition Assessment & Risk Assignment |  |  |  |
| 8. | Food Prescriptions and Benefit Issuance |  |  |  |
| 9. | Nutrition Education |  |  |  |
| 10. | Community Resources and Referrals |  |  |  |
| 11. | Basic Nutrition |  |  |  |
| 12. | Breastfeeding |  |  |  |
| 13. | Child Nutrition |  |  |  |
| 14. | Infant Nutrition |  |  |  |
| 15. | Prenatal Nutrition |  |  |  |
| 16. | Postpartum Nutrition |  |  |  |
| 17. | Cascades |  |  |  |

**\*Anthropometric Techniques-** Document in this row when trainer completes required observations for anthropometrics and trainee demonstrates accurate techniques for weighing and measuring infants, children, and adults.

**\*\* Hematology Techniques-** Document in this row when trainer completes required observations for hematology and trainee demonstrates accurate technique for hemoglobin screening using Hemocue and Massimo devices.

****

**Appointment Observation Log**

|  |  |  |
| --- | --- | --- |
| **Adult Certifications** | | |
| **Pregnant Participant Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |
| **Postpartum Participant Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |
| **Breastfeeding Participant Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |

|  |  |  |
| --- | --- | --- |
| **Infant and Child Certifications** | | |
| **Breastfeeding Infant Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |
| **Formula Fed Infant Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |
| **Child 1 to 2 Year Old Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |
| **Child 2 to 5 Year Old Certification** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |

** Appointment Observation Log**

|  |  |  |
| --- | --- | --- |
| **Adult Mid-Year Health Assessments** | | |
| **Breastfeeding Participant Mid-Year Health Assessment** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |

|  |  |  |
| --- | --- | --- |
| **Infant and Child Mid-Year Health Assessments** | | |
| **Infant Mid-Year Health Assessment** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |
| **Child Mid-Year Health Assessment** | Date Completed | Trainer Signature |
| 1. |  |
| 2. |  |

|  |  |  |
| --- | --- | --- |
| **Nutrition Education** | | |
| **Nutrition Education-Individual**  **(any category)** | Date Completed | Trainer Signature |
|  |  |
| 2. |  |
| 3. |  |

**Measurement & Hematology Observation Log**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult Measurement & Hematology** | | | | | |
| **Pregnant Participant** | **Measurements**  Date Completed | Trainer Signature | **Massimo (non-invasive)**  Date Completed | Trainer Signature | **Notes** |
| 1. |  | 1. |  |  |
| 2. |  |
| **Breastfeeding or Postpartum Participant/Adult\*** | **Measurements**  Date Completed | Trainer Signature | **Massimo (non-invasive)**  Date Completed | Trainer Signature | **Notes** |
| 1. |  |  |  |  |
| 2. |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Infant/Child Measurement & Hematology** | | | | | |
| **Infant** | **Measurements**  Date Completed | Trainer Signature | **Hemocue (invasive)**  Date Completed | Trainer Signature | **Notes** |
| 1. |  | 1. |  |  |
| 2. |  |
| 3. |  | 2. |  |  |
| 4. |  |
| **Child 1-2 years old\*\*** | **Measurements**  Date Completed | Trainer Signature | **Hemocue (invasive)**  Date Completed | Trainer Signature | **Notes** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| **Child 2-5 years old\*\*** | **Measurements**  Date Completed | Trainer Signature | **Massimo (non-invasive)**  Date Completed | Trainer Signature | **Notes** |
| 1. |  |  |  |  |
| 2. |  |  |  |  |

\*Volunteer/Co-worker if no WIC participants are available.

\*\*Child family members if no WIC participants are available.

To request this document in another format, call 1-800-841-1410.

Deaf or hard of hearing customers, please call 711 (Washington Relay)

or email [wic@doh.wa.gov](mailto:wic@doh.wa.gov).

Logo

Description automatically generatedLogo

Description automatically generated with low confidence

DOH-961-1205 October 2025