

Washington WIC Certifier Competency Training Documentation Form

Certifier Name:

See Documentation Form Instructions

1. Agency and Training Information

Coordinator Name

Agency

Clinic(s)

Date Training Started

Date Training Completed

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

Coordinator Signature

Date

2. For staff in Temporary Status

Completed Required Observations for Anthropometrics and Hemoglobin Screening Completed

Coordinator Signature

Completion Date

3. Address to Send Certificate

Street Address

City, State Zip Code.

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

Confirmed required observations completed

Local Program Consultant Signature Date

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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			
5-i. • Anthropometric Techniques*			
6. Hematology			
6-i. • Hematology Techniques**			
7. Nutrition Assessment & Risk Assignment			
8. Food Prescriptions and Benefit Issuance			
9. Nutrition Education			
10. Community Resources and Referrals			

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Competency Worksheet	A Date Trainee Completed Training Requirements	B Date Trainer Observed & Confirmed Competencies	C Trainer Signature
11. Basic Nutrition			
12. Breastfeeding			
13. Child Nutrition			
14. Infant Nutrition			
15. Prenatal Nutrition			
16. Postpartum Nutrition			
17. Cascades			

***Anthropometric Techniques-** Document in row 5-i, column B when trainee completes required observations for anthropometrics and trainee demonstrates accurate techniques for weighing and measuring infants, children, and adults.

**** Hematology Techniques-** Document in row 6-i, column B when trainer completes required observations for hematology and trainee demonstrates accurate technique for hemoglobin screening using Hemocue and Massimo devices.

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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.	

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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
	1.	
	2.	
	3.	

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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.		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.		1.		
	2.				
Child 2-5 years old**	Measurements Date Completed	Trainer Signature	Massimo (non-invasive) Date Completed	Trainer Signature	Notes
	1.		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.



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