

Washington State WIC Nutrition Program Certifier Competency Training Documentation Form



Certifier Name

Coordinator Name

Agency

Clinic(s)

Date Training Started

Date Training Ended

**Address to Send
Certificate to**

Coordinator Signature

Instructions

1. Use the **Certifier Competency Training Worksheets** and the **Trainer's Guide** to assure the trainee is proficient in each competency requirement. These documents are on the Washington WIC website in the [WIC Certifier Competency](#) section.
2. Verify that each competency and observation has been completed by entering the date completed and signing each section.
3. When all competencies and observations are complete, fill in this first page and email the entire Certifier Competency Training Documentation Form (a total of 4 pages) to WAWICTraining@doh.wa.gov or fax to 360-236-2320.
4. Once approved, you'll receive a signed copy of this form with the state reviewer's signature and date.
5. Keep the final copy on file for four years after the employee leaves the agency.

For State WIC Office Use Only

State WIC Staff Reviewer Name

Date Reviewed

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Competency Log

Certifier Name: _____

Competency		Date Completed	Trainer Signature
1.	Getting Started on WIC		
2.	Communication		
3.	Multicultural Awareness		
4.	Client Confidentiality		
5.	Anthropometrics		
6.	Hematology		
7.	Nutrition Assessment		
8.	Food Packages and Check 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		

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Observation Log Certifier Name: _____

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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Observation Log Certifier Name: _____

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.	
Breastfeeding Participant Mid-Year Health Assessment	Date Completed	Trainer Signature
	1.	
	2.	

Nutrition Education		
Nutrition Education Contact	Date Completed	Trainer Signature
	BF and I	
	Any	
	Any	

For persons with disabilities, this document is available on request in other formats.
To submit a request, please call 1-800-841-1410 (TDD/TYY 711).
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