

1-3 Completion Form: Orientation to WIC

What you need to do:

1. Print, copy, or save this page.
2. Once you have completed the training - read, date, and sign this form.
3. Your training supervisor should read, complete, date and sign the form.
4. Your training supervisor will file the completed form with your personnel documents and enter the completion date into the data system.

Agency: _____

Certifier Name: _____

New Certifier:

I have completed the **Orientation to WIC** training module, passed the [post-test](#) and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Orientation to WIC* training module, you should meet the following competencies:

#	Competency	Yes/No/NA
1.5	Performs duties within the context of written policies of the agency where employed, Oregon State policy and USDA regulations.	
1.6	Obtains release of information (Participant Signature Form) according to State agency policy before sharing any participant data.	
1.7	Protects participants' confidentiality in all conversations.	
1.8	Maintains confidentiality of all electronic participant records and information.	
2.1	Correctly describes the WIC program to potential participants.	
2.2	Directs participants through the clinic flow.	
2.3	Correctly explains a WIC participant's rights and responsibilities.	

#	Competency	Yes/No/NA
2.4	Correctly identifies the 4 primary WIC services (Nutritious food, nutrition education, breastfeeding promotion and support, referrals into health and social services).	
2.5	Correctly explains the value of WIC services to the participant and the impact WIC can have on the life course of their family.	
2.6	Describes how the WIC program fits within the public health field.	
2.7	Correctly screens participants for eligibility.	
2.8	Correctly issues food benefits to participants.	
2.9	Educates WIC shoppers on the correct use of WIC food benefits.	
3.23	Promotes breastfeeding as the biological norm for feeding infants.	
10.1	Positively promotes nutrition education to WIC participants.	

Training Supervisor:

Orientation to WIC post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Orientation to WIC* training module and the competencies listed above.

Date: _____

Signature: _____