

4-12 Completion Form: Prenatal Nutrition

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 *Prenatal Nutrition* online course, passed the post-test and discussed what I learned with my training supervisor.

Date: _____

Signature: _____

After completing the *Prenatal Nutrition* online course, you should meet the following competencies:

#	Competency	Yes/No/NA
3.18	Recognizes factors relating to weight gain in pregnancy.	
3.19	Identifies the importance of proper nutrition for a healthy mother and baby.	
3.20	Makes recommendations to participants on safe practices and behaviors that impact pregnancy.	
3.21	Recognizes the importance of referral and follow-up of women with nutrition-related health problems.	
3.22	Able to work with pregnant women from special population groups.	

Training Supervisor:

Prenatal Nutrition post-test score: _____

I have met with or observed _____ and can verify that they have achieved the learning objectives of the *Prenatal Nutrition* online course and the competencies listed above.

Date: _____

Signature: _____