

# 4-19 Completion Form: Infant Formula

## 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 *Infant Formula* module, completed the post-test, and discussed what I learned with my training supervisor.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

After completing the *Infant Formula* module, you should meet the following competencies:

#	<a href="#">Competency</a>	Yes/No/NA
3.11	Makes correct recommendations regarding infant feeding.	
3.12	Educates participants about nutrition-related problems experienced by infants.	

**Training Supervisor:**

*Infant Formula* post-test score: \_\_\_\_\_

I have met with or observed \_\_\_\_\_ and can verify that they have achieved the learning objectives of the *Infant Formula* module and the competencies listed above.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_