



WIC TRAINING REGISTRATION FORM

- WIC Coordinator Training: November 3rd-5th, 2009
- WIC Nutritionist Training: December 8th-10th, 2009
- Core WIC Training: January 26th-29th, 2010

Please Print Clearly:

Trainee's Name _____

Trainee's Job Role(s) Clerk Certifier Clerk/Certifier MSS
 Coordinator Nutritionist Other _____

Agency _____ Clinic Name _____

Clinic Phone () _____-_____ Clinic Fax () _____-_____

Send confirmation packet to: My clinic My home My email

Street _____

City _____, State _____ Zip _____

Email _____

Trainee's Cell Phone Number (in case of emergency): _____

THIS SECTION IS ONLY FOR COORDINATORS TO FILL OUT, IF THE TRAINEE IS A PART-TIME STAFF PERSON:

PART-TIME STAFF: (A PERSON WHO WORKS LESS THAN 40 HRS. A WEEK)

Personnel cost (i.e. salary and benefits) reimbursement is requested for this **part-time** staff person.

Coordinator Name: _____ Phone: _____

Email: _____ Fax: _____

Fax, mail, or email completed form to:

Kathy Hormel
Washington State WIC Program
PO Box 47886
Olympia WA 98504-7886
Fax: (360) 236-2320
kathy.hormel@doh.wa.gov

Please contact us if you have a breastfeeding baby so we can support you during training!

Sara Knight at 1-800-841-1410 x 3664 or
sara.knight@doh.wa.gov

Visit www.doh.wa.gov/cfh/WIC for additional information about *WIC trainings*.

Visit www.walwica.org to register for *WIC breastfeeding trainings*.