



Washington WIC Certifier Competency Training Measurement & Hematology Observation Log

Certifier/Trainee Name: _____ **Agency/clinic:** _____

Use this form for CPAs in “temporary status” & new trainees completing Certifier Competency Training.

- Trainers must observe the following number of **accurate** measurements and hemoglobin tests for each trainee, then document the date completed and trainer signature below. Document notes as needed, i.e., if agency doesn’t have a Medical Delegator, etc.

Pregnant Participant	Measurements Date Completed	Trainer Signature	Massimo (non-invasive) Date Completed	Trainer Signature	Notes
	1.		1.		
	2.				
Breastfeeding or Non-Breastfeeding Postpartum Participant	Measurements Date Completed	Trainer Signature	Massimo (non-invasive) Date Completed	Trainer Signature	Notes
	1.		1.		
	2.				
Infant	Measurements Date Completed	Trainer Signature	Hemocue (invasive) Date Completed	Trainer Signature	Notes
	1.		1.		
	2.				
	3.		2.		
	4.				
Child 1-2 years old	Measurements Date Completed	Trainer Signature	Hemocue (invasive) Date Completed	Trainer Signature	Notes
	1.		1.		
	2.		2.		
Child 2-5 years old	Measurements Date Completed	Trainer Signature	Massimo (non-invasive) Date Completed	Trainer Signature	Notes
	1.		1.		
	2.		2.		



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or email wic@doh.wa.gov.



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