

Washington State WIC Nutrition Program
COVID-19 Certifier Competency Training Documentation Form

	Certifier Name	-----
	Coordinator Name	-----
	Agency	-----
	Clinic(s)	-----
	Date Training Started	-----
	Temporary COVID-19 Training End Date	-----
	Anthro/Bloodwork Completed - Final Training End Date	-----
Address to Send Certificate to	-----	
Coordinator Signature	-----	

Instructions during COVID-19:

1. Use the [Trainer’s Guide](#), the worksheets on the [WIC Certifier Competency Training and Tools webpage](#), the [COVID-19 Observation Tool](#) and the [COVID-19 Certifier Competency Training Guidance](#) to assure the trainee is proficient in each competency requirement.
2. Enter the date and sign for each completed competency and observation.
3. When all competencies and observations, except anthropometric measures and bloodwork, are complete, fill in this first page. Email this entire form (6 pages) to WAWICTraining@doh.wa.gov or fax to 360-236-2320.
Once approved, we’ll send you a **temporary** Certifier Competency Certificate. Co-signing is no longer necessary for those approved certifier duties.
4. Once in-person services can resume in clinics, guide trainee to complete the remaining anthropometric and bloodwork competencies. Enter the dates completed and sign for each section.
5. Re-send the completed form (6 pages).
Once approved, we’ll send you a **final** Certifier Competency Certificate.
6. Keep the final copy on file for four years after the employee leaves the agency.

For State WIC Office Use Only	
State WIC Staff Reviewer Name	-----
Temporary COVID-19 Training End Date Reviewed	-----
Anthro/Bloodwork Completed Final End Date Reviewed	-----

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Competency Log

Certifier Name: _____

Competency		Date Completed	Trainer Signature
1.	Getting Started on WIC		
2.	Communication		
3.	Cultural Humility and Implicit Bias		
4.	Participant Confidentiality		
5.	Anthropometrics		
6.	Hematology		
7.	Nutrition Assessment		
8.	Food Prescriptions and Benefit Issuance		
9.	Nutrition Education		
10.	Community Resources and Referrals		
11.	Basic Nutrition		
12.	Breastfeeding		
13.	Child Nutrition		
14.	Infant Nutrition		
15.	Prenatal Nutrition		
16.	Postpartum Nutrition		
17.	Cascades		

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Observation Log

Certifier Name: _____

Instructions

- While staff are not taking anthropometric measurements and are not completing bloodwork, observe trainee conducting appointments using appropriate physical distancing measures.
 - Add the date and your signature to the first two columns.
 - Once you have observed your trainee for all appointment types and participant categories, and all competencies on the worksheets have been completed, send us the entire form (6 pages) following instructions on page 1.
- Once in-person services can resume in clinics, observe your trainee on the remaining anthropometrics and bloodwork competencies.
 - Add the date and your signature to the last two columns.
 - Once you have observed your trainee for all appointment types and participant categories, send in the completed Certifier Competency Training Documentation Form.

Adult Certifications during COVID-19				
Pregnant Participant Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Postpartum Participant Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Breastfeeding Participant Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	

* Trainee did not take anthropometric measurements and did not complete bloodwork

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Certifier Name: _____

Infant and Child Certifications during COVID-19				
Breastfeeding Infant Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Formula Fed Infant Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Child 1 to 2 Year Old Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Child 2 to 5 Year Old Certification	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	

* Trainee did not take anthropometric measurements and did not complete bloodwork



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Mid-Year Health Assessments during COVID-19				
Infant Mid-Year Health Assessment	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Child Mid-Year Health Assessment	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	
Breastfeeding Participant Mid-Year Health Assessment	Remote Appt. Completed (Date)*	Trainer Signature	Anthro/Bloodwork Completed (Date)	Trainer Signature
	1.		1.	
	2.		2.	

* Trainee did not take anthropometric measurements and did not complete bloodwork

Nutrition Education during COVID-19		
Nutrition Education Contact	Date Completed	Trainer Signature
	BF and I	
	Any	
	Any	

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Washington WIC does not discriminate.

To request this document in another format, call 1-800-841-1410.
Deaf or hard of hearing customers, please call 711 (Washington Relay) or email
WIC@doh.wa.gov.

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