Virginia WIC Program
Certified Trainer Reporting Form

Effective Date: January 1, 2014

Corporation Name	**Corporation ID**

Certified Trainer Name	**Training Date**
Phone	**Email**

Mark only one of the following:

☐ Initial Training ☐ Annual Training ☐ Contract Reauthorization
☐ Other: _____

Attendee Name and Title	**WIC ID**

Use additional pages as needed.

☐ Mark here if a copy of the training outline is attached.

_____

Certified Trainer Signature **Date**