



**WIC PROGRAM  
RETAIL VENDOR TRAINING PROOF OF ATTENDANCE**

*This form is to be completed by a Retail Vendor while attending an Initial WIC Retail Training.*

*This form is to be completed by a Retail Vendor while attending an Annual WIC Retail Training.*

Store Name (dba): \_\_\_\_\_

Date of Training: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

WIC Vendor ID Number: \_\_\_\_\_  
*(If Initial Training, a number will be assigned at a later date)*

Store Address: \_\_\_\_\_

City Zip Code: \_\_\_\_\_

Store Phone: \_\_\_\_\_ Store Email: \_\_\_\_\_

Store Representative (Printed Name): \_\_\_\_\_ Title: \_\_\_\_\_

**I HAVE BEEN TAUGHT AND UNDERSTAND THE FOLLOWING INFORMATION** *(check X, if yes)*

- 1. PURPOSE OF THE WIC PROGRAM
- 2. APPROVED SUPPLEMENTAL FOODS
- 3. MINIMUM STOCKING REQUIREMENTS
- 4. REQUIREMENT TO OBTAIN FORMULA FROM APPROVED FORMULA PROVIDERS
- 5. PROCEDURES FOR TRANSACTING WIC EBT
- 6. VENDOR SANCTION SYSTEM
- 7. VENDOR COMPLAINT PROCESS
- 8. CLAIMS PROCEDURES
- 9. INCENTIVE ITEM POLICIES
- 10. USDA WIC REGULATIONS
- 11. WIC VENDOR CONTRACT
- 12. CHANGES TO PROGRAM REQUIREMENTS

\_\_\_\_\_  
Signature of Store Representative Date

<b>FOR OFFICE USE ONLY</b>	
_____ Department Approval (Printed Name and Signature)	_____ Date