

Alabama Department of Public Health
Bureau of Family Health Services
Division of WIC

EMPLOYEE ACKNOWLEDGEMENT

WICHealth.org Implementation Training

To be Completed by WIC Nutritionists, Nurses, Clerks, and Designated Clinic Users:

I, _____ (employee's full name *printed*),

confirm the following:

- I have viewed the WICHealth.org Orientation webinar (required for WIC nutritionists and nurses only).
- I have reviewed the "Step-by-Step Instructions for Documenting WICHealth.org SNE Contacts".
- I understand my role in implementing WICHealth.org in the Alabama WIC Program.

Employee's signature: _____ Title _____

Date: _____