Alabama WIC Vendor Management Training Acknowledgement Form

To avoid contract violation and a fine, a copy of this document MUST be made available to State WIC Staff during a visit to the store.

Store Name:_____ **WIC Vendor Number** _____

Physical Address: _____

_____

City **ST** **ZIP**

Trainer Name: _____

Title: _____

By signing below, the store employee acknowledges they have been trained on and understand the policies and procedures of the Alabama WIC Program. A signature is required.

Date of Training	Employee's Signature