

Nebraska WIC Training Center – Background Information Sheet

CLERK – Training Includes

- ✓ Rights & Responsibilities
- ✓ Enrollment (ID, Income, Residency)
- ✓ Food Packages Overview
- ✓ Check Printing and Issuance
- ✓ Working with interpreter (if time allows)

CPA - Training Includes

- ✓ Health & Nutrition Assessment
- ✓ Food Package Prescriptions
- ✓ Education & Counseling
- ✓ Check Printing and Issuance
- ✓ Working with interpreter (if time allows)

PLEASE COMPLETE THIS PORTION & RETURN TO JACKIE THE WEDNESDAY BEFORE TRAINING CLINIC.

Training Clinic Session Dates: _____

Type of Training Scheduled:

- New Clerk New CPA Refresher Clerk Refresher CPA Vendor Other

Trainee Contact: _____
trainee name Local Agency Name trainee email cell phone

Date of hire with WIC: _____ **WIC Job Position Title:** _____

Educational background: _____

Past WIC Experience prior to this position (if any): _____

WIC Duties for this person at your agency: R = routine; F = fill in as needed; N = not assigned

Clerical:

- ___ Rights & Responsibilities
- ___ Enrollment (ID, Income, Residency)
- ___ Check Printing and Issuance
- ___ Interpreting

CPA:

- ___ Health & Nutrition Assessment
- ___ Food Package Prescriptions
- ___ Education & Counseling
- ___ Check Printing & Issuance
- ___ Interpreting

Vendor:

- ___ Vendor Manager

Supervisor:

- ___ WIC Director/Coordinator

WIC activities since date of hire with WIC:

- | | |
|---|--|
| <input type="checkbox"/> Job description discussed | <input type="checkbox"/> Previous WIC employee < 1 year ago |
| <input type="checkbox"/> Learning About WIC On-Line Modules | <input type="checkbox"/> Previous WIC employee > 1 year ago |
| <input type="checkbox"/> Observe entire certification | <input type="checkbox"/> Previously attended WIC Training Clinic |
| <input type="checkbox"/> Shadow a CPA | <input type="checkbox"/> Current WIC participant |
| <input type="checkbox"/> Shadow a Clerk | <input type="checkbox"/> Past WIC participant |
| <input type="checkbox"/> Parts of a certification | |
| <input type="checkbox"/> Complete certification | |
| <input type="checkbox"/> Check printing | |
| <input type="checkbox"/> WIC log-on and password created | |
| <input type="checkbox"/> Other | |

Name of Clinic(s) observed: _____ **Dates observed:** _____

Comments: _____

Proxy issuance

- by individual by family

Check printing in our agency is completed by

- Only Clerks only CPA's generally clerks, but CPA's help print checks when needed

Local Agency Training Coordinator has discussed with trainee

- Directions to training clinic hotel needs child care needs training clinic hours

Specific learning needs identified for training coordinator

- language barriers
 learning difficulties
 1:1 training required
 other

Explain anything marked above _____

Notify the state WIC Training Coordinator:

- If modifications are needed in training clinic hours
- If trainee requires 1:1 training

I want the Training Center to know (describe) – _____

Training contact person(s) and email addresses during the training indicating who you would like your midweek training update & final evaluation e-mailed to: _____

Name of training coordinator completing this form: _____

WIC Training Clinic usual hours of operation are listed below.



Promptness is important and greatly appreciated.

Please plan to attend training clinic for the following times.

Monday: 9:00 – 4:30
Tuesday, Wed, Thurs: 8:30 – 4:30
Friday: 8:30 until finished

**Training clinic does not automatically get finished at any certain time on Fridays. Actual dismissal time will vary from person to person and depends on a variety of factors. Training Clinic will dismiss no later than 4:30 PM on Friday afternoon – so if they get out earlier, than that is a bonus. If this causes a known conflict, than this needs to be discussed ahead of time with the State WIC Training Coordinator.*

Depending on how training progresses during the week, the coaches may slightly adjust the above schedule with the trainees as needed in order to get through the training. Any training not covered in Training Clinic will be noted on the evaluation form for follow-up by the local agency.