

# Nebraska WIC - Training Center Request

## New WIC Staff Information

Name:

Date of Hire:

Job Title:

WIC Hours per Week:

Education, Degrees or WIC Experience:

## Type of Training Requested

New Clerk  Refresher Clerk

New CPA  Refresher CPA

New Vendor Mgr

Other

## Pre-Training WIC Activities

**Dates** to be completed at your agency

## Training Center Session

**Dates** requested to attend in Lincoln

## Designated New Staff Work Sites - (*List all sites new staff will work at*)

Stationary Clinics:

Traveling Clinics:

## WIC Duties for New Staff

Choose: **R** = Routine, **F** = Fill In, **N** = Not Assigned

Review Rights & Responsibilities

Issue Benefits / Print

Schedule appointments

Assess ID, Income, Residency

Explain Family Food Benefit List

Assessment, Education & Counseling

Issue & Assign eWIC card

How to shop with eWIC

Vendor Duties

Set eWIC pin; Explain card safety

Measure height/weights

Explain WICShopper App

Hemoglobin test

Assign Food Package

Other

## Requestor Information

(WIC Director / Training Coordinator)

Name:

Email Address:

Phone:

## Comments, Special Needs or Considerations for Training

[Click to Submit Form](#)

\*Training dates will not be finalized until all requested information is submitted and reviewed\*

For questions contact **Jackie Johnson - 402-471-2781** or [jackie.johnson@nebraska.gov](mailto:jackie.johnson@nebraska.gov)