Continuing Education Credit (CEC) Approval

Please submit immediately after completion of activity. Please attach program brochure/agenda.

Date __________________

Name ___________________  Position __________________  Agency __________________

Program Title ____________________________________________

Type of Education:

[ ] Article  [ ] Webinar  [ ] Teleconference  [ ] Other________________________________________

Instructor(s) and Qualifications____________________________________________________________

Number of WIC CECs Requested (1 hour of training = 1 CEC) __________

Date(s) and Time(s) Attended _____________________________________________________________

Objectives: State objectives for each session/topic. Include concepts, ideas, or principles. Objectives must be measurable.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How does the topic of the program/conference relate to the WIC Program?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

For each CEC requested, list one item you learned and describe how you will apply this in your WIC job (attach additional information as needed).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Return Completed Form to:
WIC Nutrition Coordinator
Department of Public Health & Human Services
USFG, 1625 11th Ave- Basement
PO Box 202951
Helena, MT 59620
Fax: 406-444-0239