



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