



# Continuing Education Credit (CEC) Approval

Please submit immediately after completion of activity. You can submit an electronic version [https://mdphhs.az1.qualtrics.com/jfe/form/SV\\_bdVRsYYQHv5N39Q](https://mdphhs.az1.qualtrics.com/jfe/form/SV_bdVRsYYQHv5N39Q) OR complete the form below.

Today's Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Position \_\_\_\_\_ Agency \_\_\_\_\_

Type of Education: Article  Webinar  Teleconference   
Other \_\_\_\_\_

Education Title \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach program brochure/agenda and certificate.**

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

**Staff Approval**  
Name: \_\_\_\_\_  
Date approved: \_\_\_\_\_  
# Credits approved: \_\_\_\_\_