

# WNA CERTIFICATION APPROVAL REQUEST

Please send completed form and signed List of Competency Evaluations to [WICTCDS@cdph.ca.gov](mailto:WICTCDS@cdph.ca.gov) or fax to (916) 440-5569

<i>Information To Be Completed By Local Agency</i>	<i>Information To Be Completed By State</i>
<p><b><u>LOCAL AGENCY</u></b>            Name: _____ Number: _____            Contact Person: _____ Phone: _____</p> <p><b><u>CANDIDATE</u></b>            Name: _____            Date of Birth: _____  <i>(needed to assign certificate number)</i></p> <p>High School Diploma/GED:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>WIC Work Experience:    <input type="checkbox"/> YES <i>(6 Months, FT or Equivalent)</i>    <input type="checkbox"/> NO <i>(Attach Justification)</i></p> <p><b><u>CERTIFICATION PROCESS</u></b>            Completion Date: _____            Start Date of Certification Process: _____</p> <p>Reviewers sign-off sheets for each task:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p>Demonstrated knowledge and application of Tasks 1 - 7:    <input type="checkbox"/> YES    <input type="checkbox"/> NO</p> <p><b>AUTHORIZING SIGNATURE:</b> _____  <i>Registered Dietitian Only</i></p> <p><b>SIGNED BY:</b> _____  <i>(Print/Type Name)</i></p>	<p><b><u>TRAINING SERVICES UNIT</u></b>            Date Received: _____</p> <p style="text-align: center;"><input type="checkbox"/> APPROVED      <input type="checkbox"/> NOT APPROVED</p> <p><i>(If not please explain)</i> _____            _____            _____</p> <p><b>EFFECTIVE DATE:</b> _____</p> <p>Certificate Number Assigned: _____ - _____ - _____  <i>(MM)                      (YY)                      (LA)</i></p> <p><b>APPROVAL SIGNATURE:</b> _____  <i>(State WIC Staff)</i></p> <p><b>SIGNED BY:</b> _____  <i>(Print/Type Name)</i></p> <p>Certification Mail Date: _____</p> <p><i>Comments:</i> _____            _____            _____            _____</p>
<p><b>MAIL CERTIFICATE TO:</b></p> <p><b>Attn:</b> _____      <b>Site No:</b> _____</p> <p><b>Address</b> _____</p> <p><b>City</b> _____      <b>State</b> _____      <b>Zip</b> _____</p>	