



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 OR complete the form below.

Today's Date _____

Staff Name _____ Position _____ Agency _____

Type of Education: Article Webinar Conference
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:
montanawicprogram@mt.gov OR
WIC Nutrition Coordinator
Department of Public Health & Human Services
USFG, 1625 11th Ave- Basement
PO Box 202951
Helena, MT 59620
Fax: 406-444-0239

Staff Approval
Name: _____
Date approved: _____
Credits approved: _____