

TRAINING OR CONTINUING EDUCATION ACTIVITIES

Date Training Held: _____ Time: _____

Location: _____

Name of Training Held: _____

Goals and Objectives (or attach): _____

Name & Title of Instructor: _____

Attach program agenda, specific lesson plans, and hand-outs distributed.

Attach media coverage—pertinent news articles, journal abstracts.

Attendance: Name (original signature)	Title

IF YOU NEED MORE ROOM, RECORD NAMES/TITLES ON BACK

Original copy sent to _____ at State WIC Agency on _____