

# NEVADA WIC TRAINING PROGRAM PROGRESS RECORD

WIC Trainee's Name: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Trainee Start Date: \_\_\_\_\_ Clinic: \_\_\_\_\_

## Stage 1

- WIC 101 (Online Course)  Yes Date: \_\_\_\_\_
- Conflict of Interest & Confidentiality (Online Course)  Yes Date: \_\_\_\_\_
- Community Referrals (Local Agency Provided)  Yes Date: \_\_\_\_\_
- WIC Developmental Milestone Checklist Program (Online Course)  Yes Date: \_\_\_\_\_
- Civil Rights (Separate - Annual Online Course)  Yes Date: \_\_\_\_\_
- Immunization & WebIZ Training (Separate - Annual Online Course)  Yes Date: \_\_\_\_\_
- Voter Registration (Bi-annual Online Course via Clark Co. or State of NV)  Yes Date: \_\_\_\_\_

## Stage 2

- Anthropometrics (Online Course - Manual/Guidebook)  Yes Date: \_\_\_\_\_
- Hematology (Online Course - Lab Manual/Guidebook)  Yes Date: \_\_\_\_\_

## Stage 3

- Baby Behaviors (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- Toddler Behavior (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- Basic Nutrition (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- Prenatal Nutrition (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- Postpartum Nutrition (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- Infant Nutrition (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- Child Nutrition (Online Course/Guidebook)  Yes Date: \_\_\_\_\_
- WIC Breastfeeding Training (Levels (1, 2, and 3)  Yes Date: \_\_\_\_\_
- Introduction to Formula (Online Course)  Yes Date: \_\_\_\_\_

## Stage 4

- Review Nutrition Risk Manual/WIC Code Cheat Sheets  Yes Date: \_\_\_\_\_
- Completion of Stage 4 readings (High Risk Codes, Policies, Guidelines)  Yes Date: \_\_\_\_\_
- Completion of VENA training  Yes Date: \_\_\_\_\_
- Completion of Advanced Formula Training (coming soon)  Yes Date: \_\_\_\_\_
- Completion of Risk Code Workbooks  Yes Date: \_\_\_\_\_
- Completion of five Stage 4 CPA Observations  Yes Date: \_\_\_\_\_
  - For RD/Nutritionists: three of five observations are for HR consults  Yes Date: \_\_\_\_\_

Signature of Director/Supervisor or Designated Preceptor/Trainer \_\_\_\_\_

Submitted to State Training Coordinator with observation forms (when applicable) Date: \_\_\_\_\_