

WIC Semi-Annual Certification

Complete form following the period selected below.

Time period covered (check one and enter the last two digits of the year):

_____ **October 20** _____ to **March 20** _____

_____ **April 20** _____ to **September 20** _____

I certify that I spend 100% of my work time working for the WIC Program.

_____ **Yes**

_____ **No, I work under other
Program in addition to WIC**

I certify that I spend 100% of my work time working within the following cost center for the WIC Program. **Only mark a cost center if you work in only that one area. Do not mark all boxes. Most local staff will mark the last box, not applicable.**

- Client Services
 - Nutrition Education
 - Breastfeeding
 - Administration
 - N/A- I work under multiple cost centers.
-

Name (print): _____

Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

WIC Breastfeeding Peer Counselor Semi-Annual Certification

Complete form following the period selected below.

Time period covered (check one and enter the last two digits of the year):

_____ **October 20** _____ to **March 20** _____

_____ **April 20** _____ to **September 20** _____

I certify that I spend 100% of my work time working within for the WIC Breastfeeding Peer Counselor Program.

_____ **Yes**

_____ **No, I work under other
Program in addition to WIC**

Name (print): _____

Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____