



Cherokee Nation WIC Program Vendor Training Attestation Form

This acknowledgement form confirms that Vendor Training was completed at this store and that all store staff have been trained on the policies and procedures of the Cherokee Nation WIC Program.

Date of Training: _____

Store Name & Number: _____

Address/Location: _____

Trainer's Name & Title: _____

Scan and email completed form to: Tina Gonzalez at tina-gonzalez@cherokee.org, fax to (918) 458-4460 or mail to: Cherokee Nation Public Health WIC Program, attention: Tina Gonzalez P.O. Box 948 Tahlequah, OK 74465

For Cherokee Nation WIC Use Only:

Date Received _____

WIC Staff initials _____