

**WIC Worksite Wellness Certification Form**

Agency: Contact Name:

Contact Telephone Number:

Contact Email Address:

**CONGRATULATIONS!** Your agency has made it to the final step to becoming a certified Well WIC Worksite. In order to complete the final step, please use the checklist below and fax the form back to the number provided below.

**Checklist:**

🞎 Write a 1-2 page summary of your WIC Worksite Wellness program. Include success stories, how the program has helped your agency overall, and some activities/objectives that you felt were most successful.

🞎 Send your agency’s Worksite Wellness summary and binder to:

WIC Worksite Wellness Program

California WIC Association

3120 Freeboard Dr. #101

West Sacramento, CA 95691

For additional questions, please contact Jodi at [jmulliganpfile@calwic.org](file:///C:\Users\Jodi\Downloads\jmulliganpfile@calwic.org) or phone 916.572.0700.

🞎 Please suggest a date and time when a CWA staff member and/or a Board Member can present your certification plaque, if this can be arranged. This could also be an opportunity for CWA Staff and/or Board member to make a site visit and see all the great things your agency is doing to encourage participant and employee wellness.

Possible Date(s): Time: Place:

🞎 Yes, our agency would be able to accommodate a site visit as well.

Once this form and your materials have been received, we will send an email confirmation and follow up to discuss options for presenting your certification plaque. We look forward to certifying your agency and celebrating all your accomplishments toward being a Certified Well WIC Worksite!

Please send your completed form to Jodi Mulligan-Pfile:  
email [jmulliganpfile@calwic.org](mailto:jmulliganpfile@calwic.org) or fax 916.572.0760

11/04/2019