

**WIC Worksite Wellness Re-Certification Form**

*To qualify for re-certification, your agency MUST have been certified for at least three years. Please complete and submit this form to maintain your agency’s active WIC Worksite Wellness certification. Scan and email to* *jmulliganpfile@calwic.org**, fax to 916-572-0760, or mail to CWA, 3120 Freeboard Dr. #101, West Sacramento, CA 95691.*

Agency:

Original Certification Date (month/year):

Contact Name:

Contact Email: Contact Phone:

The following MUST be fulfilled in order to be re-certified for the WIC Worksite Wellness Program. Once all of these steps are completed and verified, your agency will receive a Re-Certification Certificate.

☐Yes, my agency has been a Certified Well WIC Worksite for at least three years.

☐I have included a Wellness Summary of at least three wellness activities and one success story in the past three years. Pictures and other documentation are included.

☐ Agency representative attended or plans to attend a workshop, webinar, CWA conference session, or other type of educational event that can be shared with other agency staff. Documentation must be submitted with the Re-Certification Form. **Choose one of the following options and discuss it with CWA Wellness Staff before submitting:**

☐ My agency is interested in participating as a WIC Worksite Wellness panelist at CWA’s

Annual Spring Conference or Fall Management Meeting, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify dates).

☐ My agency will participate in the Local Agency Sharing Exhibits at CWA’s Annual Spring

Conference, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (specify dates).

☐ My agency will share our Worksite Wellness Best Practices on an upcoming Wellness

Webinar.

☐ I would like to participate as a mentor to other agencies with a similar staff size as my own agency. I understand I will serve for at least one year.

☐ One of our agency staff will participate in another education event and share what was learned with fellow staff. Event name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; topics covered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 \_ SIGNATURE DATE

6/26/2019