



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 WIC AND NUTRITION SERVICES
WIC RETAILER TRAINING DOCUMENTATION

STORE NAME:		WIC VENDOR NUMBER:	
STORE ADDRESS:		STORE TELEPHONE:	
LOCATION OF TRAINING:		TIMES OF TRAINING:	
Indicate the date cashier received training on each subject			
WIC INFORMATION	DATE	RETAILER PAYMENT	DATE
Introduction to WIC		Retailer's Responsibility	
Retailer Selection Criteria		WIC Check Review	
Application Denial or Authorization		Correcting Errors	
WIC Retailer Agreement		WIC Check Redemption	
WIC Retailer Manual		Cash Register Receipt Retention Period	
Inadequate Participant Access		Non-Payment Rejection Codes	
Non-Discrimination		Check Appeal Forms	
Local Agency Responsibilities		Retailer Concern Form	
Quarterly WIC Food Price Survey		RETAILER COMPLIANCE	
WIC Approved Food List		Violations and Sanctions	
		Retailer Monitoring	
TRAINING	DATE	CHECKOUT PROCEDURES	DATE
WIC Check Transaction Procedures		WIC Customer Signature	
Participant Identification Folder		Pre-signed WIC Checks	
Refunds and Exchanges		Verifying and Scanning the Foods	
Use of Coupons and Store Discounts		Allowing all Food on the WIC Check	
Partial WIC Formula Redemption Form		Retaining the Sales Receipt	
Completing the WIC Check			
OTHER TRAINING ISSUES:			

MANAGER/TRAINEE SIGNATURE:	DATE	TRAINER SIGNATURE	DATE
(PRINT MANAGER/TRAINEE'S NAME)		(PRINT TRAINER'S NAME)	

REV 3/18

**Copy this form and use to document the training of each employee.
 WICNS may request copy of all training documents as part of a retailer's corrective action plan.**

This institution is an equal opportunity provider.