Authorized Vendor Store Associate Training Sign-In Sheet

This form documents attendance for MS WIC Store Associate Training. Authorized vendors are responsible for ensuring all store associates receive training on the Mississippi WIC Program and store-specific point-of-sale procedures before processing eWIC transactions. The store must provide specific training on the Point-of-Sale devices.

Vendor ID:	
Store Name:	
Store Address:	
City:	
County:	
Vendor Type (select one):	☐ Grocery Store ☐ Pharmacy ☐ Grocery with Pharmacy
Store Owner:	
Trainer Name & Title:	
Trainer Phone Number:	
Trainer Email:	
Training Session Date(s):	
Training Method (select one):	☐ In Person ☐ Online

Employee Sign-In

	Employee Name (Print)	Job Title	Signature	Date
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This form must be maintained by the authorized WIC vendor and submitted to the Mississippi WIC Vendor Management Unit at vmu@msdh.ms.gov upon request or as part of vendor authorization/reauthorization. ***Effective: July 2026***

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Certification

I certify that the employees listed above received training on the Mississippi WIC Vendor Program, including the required WIC Vendor training topics outlined in the Mississippi WIC Vendor Handbook. I understand this documentation must be maintained by the vendor and made available to the Mississippi WIC Program upon request.

Trainer Printed Name:	
Trainer Signature:	
Trainer Title:	
Date:	
Store Owner/Manager Printed Name:	
Store Owner/Manager Signature:	
Date:	

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