

Office of Nutrition Services
WVHIN Authorized User Training and Policy

I, **[Insert Employee Name]**, acknowledge that I have completed the WVHIN Authorized User Training. I understand that the State Agency can revoke access to the WVHIN if policy is not being followed, documentation is not being completed, or if data is not being protected. By signing this acknowledgement I understand that I must follow the guidelines outlined in the training materials and that the WVHIN should only be used for streamlining certifications and that heights/weights, hemoglobins and lead (if available) are utilized for the WIC appointment.

Signature

Date