



Training Acknowledgment Form

I confirm that I have received and read the 2022 Annual Training for Pharmacies.
I also confirm that the information has been shared with relevant store personnel.

WIC ID #	Store Name/Number	Date
Your Name	Title/Position	Phone #
Email Address	Signature	
Comments		

Please email this form to:

terri.buckler@maryland.gov

COMPLETED FORMS ARE DUE BY SEPTEMBER 23, 2022