Kentucky Public Health
Prevent. Promote. Protect.

Kentucky UNBRIDLED SPIRIT

WIC-39
Rev. 08/13

VENDOR TRAINING CHECKLIST

STORE NAME _____ VENDOR NUMBER _____
(Please Print Legibly)

STORE REPRESENTATIVES AT TRAINING _____
(Please Print Legibly)

STORE REPRESENTATIVE IS TO CHECK ITEMS AS THEY ARE EXPLAINED AND UNDERSTOOD.

- ☐ Maintaining qualifications to be an authorized vendor, including, but not limited to: minimum inventory, pricing of WIC food items, purchasing formula from the Authorized Suppliers of WIC-Allowed Infant Formulas list and submission of all required forms within the time frames. Drug stores only: Obtaining special formula within 48 hours of verbal request.
- ☐ Incentive items and use of WIC logo and acronym are prohibited
- ☐ Requirement to attend training and training store employees
- ☐ Accountability for actions of employees
- ☐ Kentucky WIC Approved Food List
- ☐ Use of loyalty cards and coupons are allowed
- ☐ Requirement to allow monitoring of store
- ☐ Repay to the State Agency any documented overcharges. Refund the State Agency any payment previously made on improper or invalid WIC transactions
- ☐ Sanctions issued by the WIC Program based on SNAP disqualifications and civil money penalties
- ☐ Violations of Program and applicable sanctions, including disqualification periods
- ☐ Right to request fair hearing for termination or denial of application. The expiration of the Agreement for disqualification based on a SNAP disqualification or the State Agency's determination regarding participant access is not subject to review
- ☐ Terms of Vendor Agreement
- ☐ Agreement is null and void upon change of ownership
- ☐ Reporting of complaints regarding participants or other vendors
- ☐ eWIC functionality, including, but not limited to: use and security, participant PIN#, use of APL, Not-To-Exceed (NTE) value and Help Desk contact information
- ☐ Use of the Vendor Stamp and stand-beside device
- ☐ Procedures for redeeming paper food instruments

ACKNOWLEDGEMENT

I acknowledge that I have received and read the above training material. I willfully acknowledge that the items checked above were covered in the training material. I understand the material and consider myself fully trained.

_____
Store Representative's Signature Date

_____
Agency Representative Date