

NUTRITION POINTS  
Verification Form

NAME:  
EMAIL:  
PHONE #:

*\*Please fill out the section below that you completed for 2 wellness points. **DO NOT TURN THIS FORM IN UNLESS YOU ARE AUDITED IN JULY 2017.** 2 month period must be between July 1<sup>st</sup> 2016 and June 30, 2017*

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**Weight Watchers 2 month participation: 2 points**

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

\*Check the box that applies

WW ONLINE/Username \_\_\_\_\_

WW Class and tracking/ Instructor Signature \_\_\_\_\_

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**Online Food Journal 2 month participation: 2 points**

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Website or Tracking App Used \_\_\_\_\_ Username \_\_\_\_\_

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**Other Nutrition Program 2 month participation: 2 points**

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Program Used \_\_\_\_\_

Instructor/Facilitator Signature \_\_\_\_\_

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**Registered Dietician Sessions**

From \_\_\_\_\_ (date) to \_\_\_\_\_ (date).

Registered Dietician Signature \_\_\_\_\_

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I, \_\_\_\_\_ confirm that the above information is correct and understand that there will be periodic audits to show additional tracking and participation proof.