



**Breastfeeding Friendly Local Health Department  
Staff Education  
ATTESTATION FORM**

By signing and returning this Attestation Form, the respondent(s) are confirming that he/she/they have reviewed the contents of the Breastfeeding Friendly Local Health Department Staff Education Video.

Your signature confirms the completion of the training as well as your understanding of the components of the video. At any time, questions can be directed to you supervisor and administrator.

Employee Name: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*The Breastfeeding Friendly Local Health Department designation was developed in collaboration with Wichita State University and with support from the Kansas Department of Health and Environment.*



Kansas  
Breastfeeding  
Coalition, Inc.



WICHITA STATE  
UNIVERSITY  
COMMUNITY ENGAGEMENT  
INSTITUTE