Alaska WIC Competent Professional Authority (CPA) Training Program Application

Applicant

Date of application: _____ Local WIC Agency: _____

Name: _____ Birth date: _____

Last *First* *Middle*

Mailing Address: _____ City _____ Zip _____

E-mail Address: _____

Home Phone #_____ Work Phone #_____

Residence Address_____ City: _____ Zip: _____

Race ☐ African American/Black ☐ Alaskan Native/American Indian ☐ Hispanic
☐ Asian/Pacific Islander ☐White

Applicant Education

High School Graduation Date: _____ or GED Completion Date: _____

School Name: _____

School's Mailing Address: _____ City: _____ Zip: _____

Number of College Years Completed: _____ College Graduation Date: _____

College Degree: _____ Major: _____

Applicant Work Experience

Have you worked in the WIC Program? ☐ Yes ☐ No

If you answered Yes, for how long? _____Months _____Years

Name of the WIC Agency_____

Have you worked in the Nutrition Field? ☐ Yes ☐ No

If you answered Yes, for how long? _____Months _____Years

Name of the Organization _____

Requesting waiver of minimum requirements? ☐ Yes ☐ No

If yes, please provide explanation on a separate sheet.

Preceptor

Name _____

Last *First* *Middle*

Work Mailing Address_____ City _____ Zip _____

Work E-mail Address_____

Work Phone# _____ Message #_____

Preceptor's Education*

High School Graduation Date_____

High School Name_____

City _____State _____

College/University_____

City _____State _____

Number of College Years Completed_____ College Graduation Date_____

College Degree_____ Major _____

Registered Dietitian (RD) ☐Yes ☐No RD Registration Number_____

WIC Coordinator ☐Yes ☐No

WIC Nutritionist/RD ☐Yes ☐No

Other: _____

Local WIC Agency_____

Length of Employment with WIC Agency_____

**** Please note the minimum education and experience requirements for a WIC CPA Preceptor are:***

- Registered Dietitian, Bachelors or Master's Degree in Nutrition, Registered Nurse, Physician Assistant, **OR** Physician
  AND
- A minimum of six months experience in a WIC Program

_____ _____ _____ _____

Applicant's Signature Date Preceptor's Signature Date