WIC CPA Graduate Continuing Education Record

WIC CPA: _____ **YEAR: _____**

Training Title	Who provided the training?	Date	WIC CPA Role/Responsibility # *listed below	# of Hours

Total Hours:_____

Date of next annual performance evaluation:_____

*** WIC CPA Role/Responsibilities:**

1. Assesses and documents a participant's nutrition risk(s).
2. Prescribes food packages.
3. Provides nutrition education, including breastfeeding promotion and support that is responsive to the identified needs/interests of each participant.
4. Identifies the need for an individual care plans.
5. Refers participants to other health and social services and provides appropriate follow-ups to referrals.
6. Implements individual care plans for low-risk participants.
7. Identifies and refers high-risk participants to a qualified nutritionist.
8. Documents nutrition services provided, including referrals and follow-up to referrals.
9. Ensures that screening and referrals for lead testing and immunizations using a documented immunization record is performed.