

# ALASKA WIC CPA TRAINING PROGRAM PROGRESS RECORD

WIC CPA Trainee's Name: \_\_\_\_\_

Local WIC Agency: \_\_\_\_\_

Preceptor's Name: \_\_\_\_\_

Trainee's Starting Date: \_\_\_\_\_

## Alaska WIC CPA Training Record of Completion Dates

### Getting Started With Alaska WIC

- |                          | <u>Quiz</u>                  | <u>Skills Checklist</u>      |             |
|--------------------------|------------------------------|------------------------------|-------------|
| 1. WIC Certification     | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 2. Customer Service      | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 3. Vendor Relations      | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 4. Issuing Food Packages | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |

### Nutrition Assessment

- |                               |                              |                              |             |
|-------------------------------|------------------------------|------------------------------|-------------|
| 1. Anthropometrics            | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 2. Hematology                 | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 3. Dietary Assessment         | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 4. Determining Nutrition Risk | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |

### Maternal, Infant, and Early Child Nutrition Course

Copy of Completion Certificate  Yes  No Date: \_\_\_\_\_

### Nutrition Education and Counseling

- |  |                              |                              |             |
|--|------------------------------|------------------------------|-------------|
| 1. Counseling Skills                       | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 2. Cross-Cultural Counseling               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 3. Critical Thinking                       | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 4. Providing Effective Nutrition Education | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 5. Developing Care Plans                   | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |

### Alaska WIC Breastfeeding Basic

- |                                       |                              |                              |             |
|---------------------------------------|------------------------------|------------------------------|-------------|
| 1. Breastfeeding is the Best Choice   | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 2. Getting Started With Breastfeeding | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 3. Managing Breastfeeding             | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 4. Pumping and Away from Baby         | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |
| 5. Other Issues with Breastfeeding    | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | Date: _____ |

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**Score - Final Written Exam (FWE):** \_\_\_\_\_ % **Date:** \_\_\_\_\_

**Score - Practical Exam (PE):**  Pass  No Pass **Date:** \_\_\_\_\_

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