

OFFICAL REQUEST FOR OBSERVATION

As the Preceptor/LA WIC Director for _____ Local Agency, I officially state that _____ has completed all of the Competent Professional Authority (CPA) modules with test scores of 90% or higher, and has been observed by the preceptor using **Policy 9.01, Nutrition Monitoring Forms Internal and External Monitoring Clinic Observation, Attachment #3**. I feel the CPA candidate is qualified to take on the role of CPA which includes but is not limited to individual counseling, nutrition education, anthropometric measures and **Crossroads**. I feel she/he has had sufficient training and practice. I understand that if at the observation conducted by the state Nutritionist of this CPA candidate does not receive certification, she/he will have to wait **three (3) months** before another observation is scheduled to give the candidate additional time to build skills in recommended areas.

(Preceptor Printed Name)

(Date)

(Preceptor Signature)

(LA Director Printed Name)

(Date)

(LA Director Signature)