

**OFFICIAL 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)