



## Application for Grant Adjustment for WIC Nutritionist CPA Training

**Background:** WIC nutritionists in Oregon are required to be a Competent Professional Authority (CPA), review and approve medical documentation forms, provide oversight of the high risk participant caseload and conduct nutrition assessments, including food package assignments for participants upon request of Health Care Providers (HCPs). As with all staff that assigns WIC food packages in Oregon, dietitians must demonstrate competence by completing training requirements for the Competent Professional Authority (CPA) staffing level ([See Policy 440](#)). WIC Nutritionists working in a very part time capacity may find it difficult to meet these training requirements or to orient themselves to WIC if their limited time with WIC is dedicated to direct service of high risk participants.

**Training Assistance Available:** To support local agency assurance of a consistently well-trained workforce of nutrition professionals regardless of agency size, the Oregon WIC program will reimburse local WIC programs for some WIC Nutritionist training time. Local agencies with Nutritionists who work at or less than 0.10 FTE are eligible for training reimbursement. This reimbursement will not cover all the time required to train a dietitian; it is intended to help support the training process. Reimbursement will be received by the qualifying agency as a grant adjustment from the State WIC office at the individual WIC Nutritionist's hourly rate.

Activities eligible for reimbursement:

- completion of training modules
- time spent shadowing another WIC nutritionist to gain onsite orientation to high risk services in WIC

The maximum reimbursement available to qualifying agencies is 46 hours. This can be distributed between shadowing activities (for a maximum of 16 hours, including travel time) and for time needed to complete or test out of the **Level 2** training modules required for all CPAs (maximum of 30 hours). Your assigned Nutrition Consultant can assist in identifying a WIC Nutritionist to shadow.

**Qualifying criteria:**

- The local agency has only one WIC Nutritionist position
- The total WIC Nutritionist FTE for the local agency is at or below 0.10 FTE (4 hours or less per week)
- Training oversight must be provided by the local agency
- Completion of WIC Level 1 training modules and online courses

## **Application process:**

- Local agency coordinator or administrator must complete **Part 1: Application for Grant Adjustment** and send the application to your assigned State WIC nutrition consultant for review and approval. You will be notified of the approval by email.
- Once your WIC Nutritionist has completed their training, submit the completed form **Part 2: Verification of WIC Nutritionist Training** to your assigned State WIC nutrition consultant.
- Approved applications will result in local agency grant adjustments by the State WIC fiscal analyst after training is completed.

January 2020



**Application for Grant Adjustment for WIC Nutritionist Training**

**Part 1: Application for Grant Adjustment for WIC Nutritionist Training**

Complete part 1 and send to your assigned state nutrition consultant prior to training.

Date of request:

Agency:

WIC Coordinator:

Training oversight provided by:

Name of WIC Nutritionist receiving training:

Total WIC Nutritionist FTE for this agency:

Number of WIC Nutritionist hours worked  
per week or month at this agency:

Other agencies this WIC Nutritionist works for (if any):

WIC Nutritionist hourly wage:

Projected number of training hours to be reimbursed ( $\leq 30$  hours):

Projected date of training completion:

Projected number of hours  
shadowing another WIC Nutritionist ( $\leq 16$  hours):

Name/Agency of the WIC Nutritionist being shadowed:

Request submitted by:

Submitter Email:

Submitter Phone:

\*State Office use only: Request approved by

Date:

Approved: Yes

No  Reason for denial:

**Part 2: Verification of WIC Nutritionist Training**

Complete and send to your assigned state nutrition consultant after training is completed.

Date:

Agency:

Trainee Name:

Training oversight provided by:

Training Completed (Check only those completed with this grant adjustment):

Training Completed	Completed
Certifier's Guide	
Anthropometric Online Course	
Hematology Online Course	
Basic Nutrition Online Course	
WIC Participant Centered Education Online Course	
Nutrition Risk Module (all 6 chapters)	
Prenatal Nutrition Online Course	
Child Nutrition Online Course	
Infant Feeding and Nutrition Module	
Breastfeeding Level 2 Module or attend Breastfeeding Level 2 Training	
Infant Formula Module	
Postpartum Nutrition Online Course	
Baby Behaviors Online Course	
Toddler Behaviors Online Course	
Job shadowing - Please note name and agency of who was shadowed.	

Date Completed	Type of training	Hourly Rate	Total Hours	Total request
	Module completion (≤30 hours)		x	=
	Shadowing (≤16 hours with travel)		x	=

Total dollar amount requested:

Request submitted by:

\*State Office use only:

Request approved by

Date: