

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: _____ |

Score - Final Written Exam (FWE): _____ % Date: _____

Score - Practical Exam (PE): Pass No Pass Date: _____
