



Request for Hire

Complete and submit this form and supporting documentation to the State Office when considering hiring a position for which qualifications need review and approval.

Local Agency: _____ Director: _____ Date: _____

Applicant Name: _____

Position for Review

- Registered Dietitian (RD) – please submit licensure and/or Commission on Dietetic Registration (CDR) card.
- Competent Professional Authority (CPA) – please submit proof of qualification
 - MD, DO, PA, NP, RN, DTR: submit licensure and/or transcripts
 - Other degreed professionals: submit transcripts
- Breastfeeding Peer Counselor (BFPC)- complete the following:
 1. Does the applicant have any professional certifications or credentials (i.e. nurse, nutritionist, lactation consultant/counselor)? Yes No
 2. Does the applicant have experience with breastfeeding? Yes No How long? _____
 3. Does the applicant fit the model of a “peer” (i.e. age, demographics, and cultural background?)
 Yes No
 Please describe: _____

State Agency Use Only

Date Received: _____ State Staff Member/Role: _____

Approved Denied Need Additional Information (specify): _____