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: ________________

Section 1. Position for Review

☐ Registered Dietitian (RD) – please submit licensure and/or Commission on Dietetic Registration (CDP) card. Note: this section is for hiring an RD on WIC staff, for contracting an RD or an agreement executed for RD services within your agency, but not a WIC staff member, please see Section 2.

☐ Competent Professional Authority (CPA) – please submit proof of qualification for MD, PA, NP, RN (i.e. licensure) and/or transcripts

☐ Breastfeeding Peer Counselor (BFPC) - complete the following:
  1. does the applicant have any professional certifications or credentials (i.e. nurse, nutritionist, lactation consultant or counselor)?  □ Yes  □ No
  2. does the applicant have experience with breastfeeding?  □ Yes  □ No  How long? __________
  3. does the applicant have demographic, cultural, or other qualities that ensure they will be considered a “Peer” to the WIC population? Please describe: __________________________________________________________________________________________

Section 2. Request to Contract with Registered Dietitian

Has the local agency considered hiring an RD on staff?  □ Yes  □ No

If “No”, explain: __________________________________________________________________________________________

Attempted Recruitment?  □ Yes  □ No  Result: ________________________________________________________________________________

Is there an RD within the agency (outside of WIC) that can be utilized for WIC RD services?  □ Yes  □ No

Contracting* with an RD outside of Agency:
  1. Is the RD employed currently?  □ Yes  □ No  If “Yes”, where: __________________________________________________________________________
  2. Does the RD have adequate availability to perform per the required Scope of Services Agreement in the Montana 2021 State Plan (attachment)?  □ Yes  □ No
  3. Has the RD agreed to complete all initial and ongoing WIC required training?  □ Yes  □ No

*Please submit a copy of the contract to the State Office upon execution, renewal and amendment.

__________________________________________

State Agency Use Only

Date Received: ________________  State Staff Member/Role: ____________________

☐ Approved  ☐ Denied  ☐ Need Additional Information (specify): ____________________________