



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): _____