



# 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: \_\_\_\_\_  
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### State Agency Use Only

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Date Received: \_\_\_\_\_ State Staff Member/Role: \_\_\_\_\_

Approved  Denied  Need Additional Information (specify): \_\_\_\_\_