

**COMPETENT PROFESSIONAL AUTHORITY (CPA)  
AFFIDAVIT**

STATE OF WEST VIRGINIA,  
COUNTY OF \_\_\_\_\_, TO-WIT:

\_\_\_\_\_, being first duly sworn, says that:

1. I acknowledge and agree to each of the matters set forth in this Affidavit voluntarily and by my own free will.
2. I am competent to agree to each of the matters set forth in this affidavit.
3. I am on the staff of a local agency authorized to determine nutritional risk and prescribe supplemental foods and have been authorized to serve as a “competent professional authority”(CPA).
4. As a “competent professional authority” (CPA), I am required to document client’s progress, risk assessments and assignments of food packages in WIC certification records.
5. I hereby acknowledge that I have received training in the use of a computer to prepare and preserve required certification records and progress notes.
6. To allow my use of a computer for preparation of WIC certification records, I hereby acknowledge that I have received an individualized access code and signature key for my confidential, exclusive and solitary use.
7. I understand that use of the access code and signature key on the computer has the same effect as my signature on written records and represents my documentation of nutritional risks identification, WIC food package prescription and/or nutrition education delivery.
8. I am aware of the confidential, exclusive and solitary nature of the access code and signature key and agree not to share my access code or signature key with anyone, including but not limited to, applicants, participants, secretarial support staff, other WIC clinic staff, trainees and other competent professional authorities.
9. I agree to take all reasonable precautions and efforts necessary to maximize the security of my access code and signature key, including but not limited to, efforts to prevent visual observation of the entry of my access code or signature key.
10. I understand the confidential nature of the documents I will be entering in the computer and agree to take all reasonable and necessary precautions to prevent access to this information, including but not limited to, precautions to prevent access to the system and information on my computer monitor.
11. I have been informed and understand that appropriate disciplinary action, as determined by the local agency, may be taken against me if I allow the release of my access code or signature to anyone or if I fail to comply with security measures established to protect the integrity and confidentiality of the records generated and/or stored by computer.

\_\_\_\_\_  
(Printed Name of CPA)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of CPA)

Further, affiant saith not.

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_,  
year of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_