

Please complete **ALL** sections carefully. Incomplete applications are not processed.

The information requested on this form is collected for two purposes:

- 1) evaluating your application for registration; and
- 2) once an individual becomes a member of the College, the information marked with an asterisk (*) is made publically available on the *Register of Dietitians* at www.cdo.on.ca > Register of Dietitians

The College's *Privacy Policy* is posted on the website.

GENERAL INFORMATION

*Legal Surname: (name that appears on your official documents, e.g. birth certificate, passport)		*Previous Surname(s)				
*Legal Given Name:		*Legal Middle Name:				
*Practice Name (If different from your Legal name, the name that you would like to use in your dietetic practice, and in any correspondence with the College, e.g. your legal name is "Elizabeth", but the name you use in practice is "Beth")						
Title:	Ms.	Miss	Mrs.	Mr.	Mme.	M.
Date of Birth	dd:	mm:	yy:	Gender	Female	Male
*Preferred language for College correspondence:				English	French	

HOME MAILING ADDRESS

Street / Apt:					
City:		Province:		Postal Code:	
Phone				Fax	
Email:	<p>A valid email address is essential. The College frequently uses mass emails to communicate important information to members. You also need a valid email address to reset the password to your online College account. Be sure that your personal and work place email security settings allow mass emails from the College.</p>				

AUTHORIZATION TO COMMUNICATE VIA EMAIL

To speed up the processing of your application, you may authorize the College to send an electronic (PDF) copy of official letters to you by email (the original will be sent in the mail). Because email is not a secure means of communication, the College must have your consent to send official correspondence by email.

I authorize the College to forward electronic copies of official correspondence by email.

AUTHORIZATION TO WORK IN CANADA

Canadian citizen
 Permanent Resident
 Temporary Resident — Enclose a copy of your work permit or visa.

ACADEMIC QUALIFICATIONS

Provide all names in full. Do not use abbreviations, e.g., University of Toronto not U of T.

Required		Accredited by <i>Dietitians of Canada (DC)</i> <i>Accrediting body for the foods & nutrition programs of Canada</i>	
1. Original transcripts for each degree must be sent directly to the <i>College of Dietitians of Ontario</i> by the university unless an original is already on file with the College or with another Canadian dietetic regulatory body.			
Undergraduate Degree (e.g. Bachelor's Degree)	University Name:	Country:	Yes No
	Program:	Year of completion:	
Undergraduate Degree (e.g. Bachelor's Degree)	University Name:	Country:	Yes No
	Program:	Year of completion:	
Graduate Degree (e.g. Master's or Ph.D)	University Name:	Country:	
	Program:	Year of completion:	
Other (e.g. Post Doctoral Fellowship; Post Graduate Diploma)	University or Institution Name:	Country:	
	Program:	Year of completion:	

PRACTICAL TRAINING

Please provide information about your practical training (Internship, Practicum, or Practical Training).

Name of formal program:	Location:	Program Accredited By: Dietitians of Canada (DC) Commission on Accreditation for Dietetics Education (CADE) Other (please specify) Not accredited
	Year of Completion:	
	Program Director:	
Self-Directed Training	Submission enclosed	

LEGAL PROCEEDINGS

- Has a court ever found you guilty or have you ever accepted guilt (outside of a court proceeding) for an offence? For example, convictions under the *Criminal Code*, the *Food and Drugs Act* (Canada) or the *Narcotic Control Act* (Canada)? **Yes** **No**
- Have you ever been found guilty of professional misconduct, incompetence or incapacity in Ontario or any other jurisdiction in relation to the practice of dietetics or any other profession? **Yes** **No**
- Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity? **Yes** **No**

If you have answered "yes" to any of the above questions, please provide details (attach separate sheet if necessary):

PREVIOUS REGISTRATION IN ANOTHER JURISDICTION

Have you ever been registered with a professional regulatory body in another province, state or country? **Yes** **No**
e.g. any credentialing, licensing that was required for you to work.

If you answered Yes, please list all professional regulatory bodies that you have been registered with in the past.

Name of regulatory body	Initial registration date	Expiration date of most recent registration

Have you previously written an examination as a registration requirement for another Canadian dietetic regulatory body? **Yes** **No**

If Yes, Name of Examination _____

Date(s) and Result(s) _____
(Include all attempts)

I hereby authorize the *College of Dietitians of Ontario* to verify my registration with any regulatory body with whom I am/have been registered.

Signature _____ Date _____

DATE AND SIGN YOUR APPLICATION

- I verify that all information provided in this application is accurate. I understand that a false or misleading statement, or an omission or misrepresentation, may be cause for disqualification from the *Canadian Dietetic Registration Examination* and revocation of Temporary Registration.
- I understand that I may not to use the title "Dietitian" until the College has confirmed that I am registered as a member of the College of Dietitians of Ontario.
- I agree to notify the College, *within 30 days*, if there are any changes to the information provided on this form and I am aware that aggregate exam results will be used for statistical purposes.

Signature _____ Date _____

All supporting documents are required by the *College of Dietitians of Ontario* to verify the information provided on this application form. **Your application will not be processed without it.** Please refer to the appropriate application information and checklist for submitting the necessary documentation at www.cdo.on.ca > How to become a Registered Dietitian.

Did you include?

- Application for Registration Form
- All supporting documentation (transcripts, proof of authorization to work, etc.)
- Payment of application fees
- Payment of Temporary Registration fees (if applicable)

Mail your application to:

The College of Dietitians of Ontario
C/O REGISTRATION COORDINATOR
1810-5775 Yonge Street, Box 30
Toronto ON M2M 4J1

FEES

1. APPLICATION and ASSESSMENT FEES

Please enclose your payment for the Application Fee of \$185.00 and all other applicable fees, payable to the College of Dietitians of Ontario.

Application Fee	\$185.00	\$185.00
Assessment of Academic Training if you are not a graduate from a DC accredited program	\$300.00	
Assessment of Practical Training if you completed self-directed practical training or for IDPP submissions	\$300.00	
Upgrading Assessment Fee If you graduated more than 3 years ago and have not been practicing dietetics within three years	\$300.00	
Total		

I have enclosed a total payment of \$ _____ for my application and assessment fees:

VISA/MASTERCARD (complete section below)

CHEQUE for application and assessment fees

MONEY ORDER for application and assessment fees

CREDIT CARD PAYMENT for application and assessment fees

Expiry date: _____ mm/yy

Card #

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Authorization Signature: _____

2. TEMPORARY REGISTRATION FEE

A *Temporary Certificate of Registration* is available for applicants who have met the necessary requirements and have applied to write the next available *Canadian Dietetic Registration Examination* or have written the examination and are waiting for their results.

Do you wish to receive a Temporary Certificate of Registration once you have been deemed eligible?

No, I do not wish to receive a Temporary Certificate of Registration.

Yes, I wish to receive a Temporary Certificate of Registration. I have enclosed a payment of \$100.00, which will not be processed until I have been deemed eligible for temporary registration.

VISA/MASTERCARD (complete section below)

CHEQUE for temporary certificate of registration

MONEY ORDER for temporary certificate of registration

CREDIT CARD PAYMENT for temporary certificate of registration fee

Expiry date: _____ mm/yy

Card #

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Authorization Signature: _____