College of Dietitians of Ontario

APPLICATION FOR THE CANADIAN DIETETIC REGISTRATION EXAMINATION (CDRE)

You must first apply to the College and be deemed eligible to write the CDRE.

SECTION A: GENERAL INFORMATION

Surname:	Given Name(s):
Registration Number :	Ms. ☐ Miss ☐ Mrs. ☐ Mr. ☐ Mme. ☐ M. ☐

SECTION B: COLLEGE EXAMINATION

The next registration exam will be held on **May 12, 2012;** the deadline for receiving the payment is **April 8, 2012**

I would like to write the exam in: ☐ English ☐ French (please choose the language in which you are proficient)

Location: ☐ Toronto (Main Site) ☐ Ottawa * (Alternate site) ☐ Other * _____ (Alternate site)

*Please note, there is an additional cost associated with the arrangement of writing the exam at an alternate site. This fee will be billed to you after April 8, 2012 because the cost is shared by all applicants who choose to write at each alternate site.

Do you have any special needs which have to be accommodated? ☐ Yes ☐ No

If you have answered "Yes", please provide details:

_____

SECTION C: FEE PAYMENT

$400.00 Examination Fee in the form of a: ☐ Certified Cheque ☐ Money Order

There is a penalty of $40.00 for NSF/returned cheques. Please make cheques payable to: **College of Dietitians of Ontario**.

DATE AND SIGN YOUR APPLICATION

Signature_____ ***Date***_____

Mail form and payment in full to:
The College of Dietitians of Ontario
C/O REGISTRATION COORDINATOR
Suite 1810, Box 30
5775 Yonge Street
Toronto ON M2M 4J1