

### REQUEST FOR VERIFICATION OF EMPLOYMENT AND WORK EXPERIENCE

This is a request for a description of the position and the work performed by the applicant listed below. This individual has submitted an application for Registration with the College of Dietitians of Ontario. To complete the processing of this application, additional information, which will enable a review of credentials and work experience, is required.

This information is not intended to be a personal reference, but rather, a position description. It will become part of the applicant's file and will be used in the review for registration. *It is the applicant's responsibility to request this information and to ensure that it is sent directly to the College by the employer.* Your cooperation is appreciated. All information contained in this form will remain confidential.

<b>Name of Applicant:</b>	
<b>Name of Employer:</b>	

Please provide the following information:

- I certify that (name of applicant) \_\_\_\_\_ was employed by  
 (name and address of employment): \_\_\_\_\_  
 in the capacity of (position title) \_\_\_\_\_  
 from (day/month/year) \_\_\_\_\_ to (date of separation) \_\_\_\_\_  
 Reason for Separation (if applicable): \_\_\_\_\_  
 \_\_\_\_\_

- Has the above-named individual committed any act of professional misconduct, incompetence, or incapacity during his/her employment at your facility? If the answer is yes, please elaborate in an attached letter.  Yes  No
- Please attach a job description or provide a full description of the area of employment, roles, responsibilities, and activities performed by the applicant. Please provide as complete a profile of this applicant's position and work experience as possible.

<b>Signature:</b> Do not Type, insert signature		
<b>Name (Please Print):</b>		
<b>Position Title:</b>		<b>Tel # ( )</b>
I verify that all information contained here is true and accurate		<b>Date:</b>

Please mail/email this form directly to the College at the address listed below:  
 Mail: College of Dietitians of Ontario  
 ATTN: Registration Program  
 5775 Yonge Street, Box 30 Toronto, ON M2M 4J1, Canada

Email: [registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org)