

# Request for Deferral

The College may grant a deferral to a member selected to participate in a Peer and Practice Assessment upon receiving this completed form and if the reason for the request meets specific criteria. Every request is considered individually. Please complete, sign and date the form below, and return it by [the deadline indicated in the notification email](#).

Email or fax the form to:  
Bev Nopra  
College of Dietitians of Ontario  
1810-5775 Yonge St, Box 30  
Toronto, ON  
M2M 4J1  
[gacoordinator@collegeofdietitians.org](mailto:gacoordinator@collegeofdietitians.org)  
Fax # 416-598-0274

Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Telephone: \_\_\_\_\_

## Check the appropriate box to indicate the reason for your request

|   |   |
|---|---|
| <input type="radio"/> Major illness or self/family crisis | <input type="radio"/> On leave of absence until |
| <input type="radio"/> On Maternity/ Parental Leave until  | <input type="radio"/> Not currently practising  |
| <input type="radio"/> Other:                              |   |

Please provide details. And supporting MD letter (if applicable)

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Signature \_\_\_\_\_ Date: \_\_\_\_\_