EXEMPTION FORM FOR SELF-DIRECTED LEARNING (SDL) TOOL
Acknowledgement and Undertaking

I, [_____] *(please print name),* acknowledge that I am not currently working and that I have been given Exemption by the Quality Assurance Committee in respect of some of my obligations under the Quality Assurance Program. I undertake/agree to comply with the College of Dietitians of Ontario that I will deliver to the Registrar & ED of the College notice in writing of my return to work within ten working days.

I also undertake to comply with my Quality Assurance obligations, including submitting a complete copy of the most recent version of the SDL Tool (if I return to work after April 15, I will be required to submit the next year's SDL Tool).

I understand that if I have any questions or concerns, it is my responsibility to contact the College.

Date: _____

Signature: _____

Printed Name: _____

Registration #: _____

Witness Signature: _____

Witness Printed Name: _____