

## Australian Accredited Practicing Dietitians (APD) Application Supplemental Form

*(In Keeping with Mutual Recognition/Voluntary Relationship Charter - Canada: Australia)*

1. Name: \_\_\_\_\_
2. I am seeking temporary registration under the terms of the "Mutual Recognition Voluntary Relationship Charter" signed by the DAA and members of the Alliance of Canadian Dietetic Regulatory Bodies  Yes  No
3. Expiration Date of most recent registration as an APD(dd/mm/yr) \_\_\_\_/\_\_\_\_/\_\_\_\_

4. I have held a registration/license as a dietitian in the following additional jurisdictions:

None

As indicated in the application form , or as listed below:

Name of Regulatory/Licensing Body	Initial Date of Registration/Licensing	Last Date of Registration/Licensing

5. Have you ever been found guilty of professional misconduct, incompetence or incapacity in relation to the practice of dietetics or any other profession  Yes  No
6. Are you currently the subject of any current proceedings for professional misconduct, incompetence or incapacity  Yes  No
7. Is your certificate of registration subject to any special terms, conditions or limitations?  
 Yes  No

If you answered "yes" to question 6, 7 or 8 above, please provide details including the outcome

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8. Are you currently in compliance with DAA continuing competency program?

Yes       No

9. I authorize the DAA to verify my registration and exchange relevant information about my activities as a dietitian with the regulatory body to which I am applying.

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

10. 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 writing the Canadian Dietetic Registration Examination and nullification of my Temporary Certificate of Registration.

Applicant

Witness

Date Signed

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*Please note that Australian APD must attest to reading resources listed on the next page before receiving certificate of registration in Canada.*

