

Declaration and Consent to Disclose Information Independent Practicum Advisors

The Independent Practicum Advisory Dietitian (Advisor) must complete and sign this form and return it directly to the College at: registration@collegeofdietitians.org

Note: This form must be completed on or before the start of an Independent Practicum.

Advisor's Name:	CDO Registration #:
Student's Name:	Dates of Independent Practicum:

I have attached a copy of my resume or short form CV:

DECLARATIONS

- I have reviewed the [Independent Practicum Guide](#): Yes No
- I have read the [Guidelines for Supervising Learners](#): Yes No
- I am free from any conflict of interest or bias as outlined in Principle 3b (Professional Relationships) of the Guidelines for Supervising Learners, specifically:
 - I do not have a personal relationship with the Applicant (e.g., family, dating, friendship, business) which pre-dates or developed during the Independent Practicum that would be perceived to influence my Advisor role for the Applicant.
 - I have not received payment directly from the Applicant in exchange for my supervision and evaluation of their competence.
- I understand that it is considered Professional Misconduct to practise the profession while in conflict of interest (section 1.11 [Professional Misconduct Regulation O.Reg. 302/01](#))
- I understand that it is my responsibility to provide written notice to the College if I terminate the Advisor relationship for the above-named student because of concerns about their performance or overall dietetic competence.

Advisor's Signature _____

Date: _____

To Be Signed by the Student

I hereby provide consent for the Advisory Dietitian named above to disclose information about my performance to the College and/or to Supervising Dietitians within my Independent Practicum.

Signature _____

Date _____