

Incomplete applications will not be processed

ALL sections of this form must be completed. [All documents](#) and fees must be received by the College before your application can be processed.

GENERAL INFORMATION

*Legal Surname: (Name on your official documents, e.g., birth certificate, passport)		*Previous Surname(s):	
*Legal Given Name:		*Legal Middle Name:	
Do you use the legal name given above when you practise dietetics? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, provide the name you use when you practise:			
Date of Birth: dd: mm: yy:		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/>	
*Preferred language for College correspondence: English <input type="checkbox"/> French <input type="checkbox"/>			

HOME MAILING ADDRESS

Street / Apt:		
City:	Province:	Postal Code:
Phone:		
Email:	A valid email address is essential. The College uses emails to communicate important information to registrants and to reset the password to your online College account. Be sure that your email security settings allow mass emails from the College.	

AUTHORIZATION TO WORK IN CANADA

<input type="checkbox"/> Canadian Citizen – Enclose a copy of your Canadian Birth Certificate, Indian Status and Identification Card, Canadian Passport, or Canadian Citizenship Certificate/Card.
<input type="checkbox"/> Permanent Resident – Enclose a copy of your Permanent Resident Card.
<input type="checkbox"/> Temporary Resident – Enclose a copy of your Work Permit.

<input type="checkbox"/> Name Change: If your official transcripts are under a different name than the one you are currently using, you must enclose proof of your change in name with this application (e.g., document showing your old name (i.e., marriage certificate) and a government issued ID showing your current name (i.e., driver's license, passport).

* The information requested on this form is collected for the purpose of evaluating your application for registration. Once an individual becomes a registrant of the College, only information marked with an asterisk (*) is made public on the [Register of Dietitians](#). You may consult the College's [Privacy Policy](#) on the website.

The following documents must be sent directly to the College from the university or training institution:

Required Document(s)	Degree/Program Name	Name of University/Country	Duration and/or Year of Completion
1. Academic Preparation <input type="checkbox"/> Official transcript(s) for all degrees completed AND <input type="checkbox"/> ACEND Verification Form (for applicants who completed ACEND accredited programs)	1.	1.	1.
	2.	2.	2.
2. Practical training in dietetics <input type="checkbox"/> Official letter of completion and transcript (as applicable) OR <input type="checkbox"/> ACEND verification form (for applicants who completed ACEND accredited programs)			

CONDUCT AND HEALTH

The purpose of these questions is to provide the Registrar or a panel of the Registration Committee with information about whether an applicant will practise dietetics in a safe and ethical manner.

You must answer all questions. If you answer 'Yes' to any of the questions below, please attach additional information describing the specific situation, dates, and the nature of the findings/conclusion. You may be asked to provide additional documentation.

	Yes	No
1. Have you ever applied OR been licensed/registered with a professional regulatory body (for dietetics or any other profession) in Ontario, or any other province, territory, state, or country?	<input type="checkbox"/>	<input type="checkbox"/>

1 a. If yes, please provide details about your registration/license below:

Name of Regulatory/Licensing Body	Number of dietetic practise hours accumulated in the past three years (as applicable)	I verify that I have arranged for the Canadian dietetic regulatory body to send confirmation of my registration directly to the College (please sign). For additional regulatory bodies please send the verification form below: Registration Verification Form

CONDUCT AND HEALTH cont'd

Yes No

- | | | |
|---|--------------------------|--------------------------|
| 2. Have you ever been charged or found guilty of: | | |
| a. an offence under the Criminal Code (Canada)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. an offence related to prescribing, compounding, selling, or administering drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. an offence, other than a municipal by-law offence or an offence under the Highway Traffic Act, that occurred in the course of, or that was related to, your practise of dietetics? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. an offence that was committed while you were impaired by any substance? | <input type="checkbox"/> | <input type="checkbox"/> |
| e. any other offence that might reasonably be relevant to your suitability to practise dietetics? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been found guilty of professional misconduct, incompetence, or incapacity in Ontario, or any other province, territory, state, or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. To your knowledge, are you currently being investigated for professional misconduct, incompetence, or incapacity, in Ontario, or any other province, territory, state, or country? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Has any finding of professional negligence been made against you in any civil or criminal proceeding within or outside Canada? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been refused for registration with a body that is responsible for the regulation of a profession, either within or outside of Canada? If yes, provide details: | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you suffer from any physical or mental condition or disorder that affects your ability to perform the duties of a Registered Dietitian safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have an alcohol or drug dependency that affects your ability to perform the duties of a Registered Dietitian safely? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is there any other event or circumstance that may be considered relevant to your suitability to practise dietetics in a safe and ethical manner? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. While attending a post-secondary institution, have allegations of misconduct ever been made against you, or have you ever been suspended, expelled, or penalized by a post-secondary institution for misconduct? If yes, please attach written details. | <input type="checkbox"/> | <input type="checkbox"/> |

TEMPORARY CERTIFICATE OF REGISTRATION

A *Temporary Certificate of Registration* is available for applicants who meet the requirements and have applied to write the next available *Canadian Dietetic Registration Examination* or have written the examination and are waiting for their results. An individual holding a *Temporary Certificate of Registration* may practise using the title "Registered Dietitian" but may not supervise another dietitian.

Do you wish to receive a [Temporary Certificate of Registration](#) once you have been deemed eligible?

- No, I do not wish to receive a Temporary Certificate of Registration.
- Yes, I wish to receive a Temporary Certificate of Registration. (Additional fee applies)

DATE AND SIGN YOUR APPLICATION

Carefully read and check all declarations below. Applications with declarations that are not checked will not be accepted.

I certify the above to be true, and I acknowledge and understand that:

- If an applicant is found to have made a false or misleading statement, or an omission or misrepresentation on their application, any certificate of registration issued to them will be deemed invalid.
- I may not to use the title "Dietitian" until the College has confirmed that I am a registrant of the College of Dietitians of Ontario.
- I must notify the College, *within 30 days*, if there are any changes to the information provided on this form including changes in my contact information (home or work address and phone number) or email.
- Aggregate exam results will be used for statistical purposes.
- I must make arrangements for the required documents to be sent directly to the College.

Signature _____ Date _____

Manual or electronic signatures are accepted.

mmm/dd/yyyy

NEXT STEPS

1. Email your completed application form, authorization to work in Canada, and name change documentation (as applicable) to: registration@collegeofdietitians.org
2. The College operates a primarily paperless organization. Please request your institutions send all documents such as transcripts and practicum completion letters electronically to: registration@collegeofdietitians.org. If your institution is unable to send documentation electronically, please contact the College for further details.
3. Add the College's domain @collegeofdietitians.org to your email service's safe senders list. The College sends many important communications by email (some are automated). If your email provider blocks the automated emails or sends them to your junk folder, you may miss important information causing delays in processing your application.
4. You will receive an email from the College once your application has been received with instructions on how to pay your application fees and track the progress of your application online.