

## Declaration and Consent to Disclose Information Independent Practicum Supervising Dietitians

Each Independent Practicum Supervising Dietitian must complete and sign this form and send it directly to the College at: [registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org)

**Note: This form must be completed by the Supervising Dietitian on or before the start of each Independent Practicum student placement.**

<b>Supervisor's Name:</b>	<b>CDO Registration #:</b>
<b>Student's Name:</b>	<b>Dates of Practicum Placement:</b>
<b>Facility Name:</b>	<b>Area of Practice:</b>

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 practicum that would be perceived to influence my evaluation of 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 Supervisory relationship for the above-named student because of concerns about their performance or overall dietetic competence.

Supervisor's Signature \_\_\_\_\_

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

### To Be Signed by the Student

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

Signature \_\_\_\_\_

Date \_\_\_\_\_