



**ACKNOWLEDGEMENT AND UNDERTAKING  
FOR JURISPRUDENCE KNOWLEDGE & ASSESSMENT TOOL (JKAT)**

I, [ \_\_\_\_\_ ] (*Please print name*), acknowledge that I am not currently residing in Ontario nor do I work with clients who live in Ontario and that I have been given Exemption by the Quality Assurance Committee in respect to completion of the JKAT under the Quality Assurance Program.

I undertake to 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 10 working days of my return to Ontario or working with clients from Ontario.

I also undertake to comply with my Quality Assurance obligations applicable at the time of my return.

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

Date:

Signature:

Printed Name:

Registration #:

Witness Signature:

Witness Printed Name: