



ACKNOWLEDGEMENT AND UNDERTAKING

Professional Practice Program - Quality Assurance

I, [_____] , acknowledge and undertake to the College of Dietitians of Ontario (“the College”) as follows:

1. I acknowledge that I am not practising dietetics, using the title “dietitian”, a variation or abbreviation or an equivalent in another language, or holding myself out as a person qualified to practise in Ontario as a dietitian. I also acknowledged that I am not engaging in any of these activities with clients who live in Ontario. I, therefore, wish to give this Undertaking rather than comply with the quality assurance program.
2. I undertake not to practise dietetics, use the title “dietitian,” a variation or abbreviation or an equivalent in another language, or hold myself out as a person who is qualified to practise in Ontario as a dietitian or work with clients who live in Ontario until the Quality Assurance Committee has assessed me as having current knowledge, skill and judgment, including successfully completing any upgrading requested by the Committee.
3. I understand that I will require written confirmation from the College of a successful assessment before I engage in any of the above-noted activities in Ontario or with clients who live in Ontario.
4. I acknowledge and agree to the inclusion of the following entry on the public register (which is on the College’s website): Because (name of RD) has not been practicing dietetics, they have undertaken not to resume the practice of dietetics in Ontario or working with clients who live in Ontario until they have completed upgrading in topics related to dietetics as directed by the College.
5. I understand that the breach of an Undertaking is a very serious matter which would, by itself, constitute professional misconduct (see, among others, Section 1, paragraph 4, Ontario Regulation 680/93 to the *Dietetics Act, 1991*).
6. I acknowledge that I have been advised to seek the legal advice of my legal counsel before signing this Undertaking and have made a voluntary decision about whether to do so.

Date

Registration #

Name of RD

Signature of RD

Name of WITNESS

Signature of WITNESS