**Verification of Licensure Form**

**For Applicants Registered with:**

**Non-Dietetic Canadian Regulatory Bodies &**

**Dietetic and Non-Dietetic International Regulatory Bodies**

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| --- | --- |
| APPLICANT’S NAME: | Name of Licensing Board: |
| DATE of Completion: Click or tap here to enter text. |

1. **License Information:**

Is the applicant currently registered with your licensing/regulatory body?  Yes  No

2.1 Current category of registration: Click or tap here to enter text.

2.2 License/registration number: Click or tap here to enter text.

2.3 Initial registration date (YYYY/MM/DD): Click or tap here to enter text.

2.4 Registration expiry date: (YYYY/MM/DD): Click or tap here to enter text.

If the applicant ceased to be a licensed member, it was for the following reasons:

Click or tap here to enter text.

1. **Is there a current investigation or proceeding regarding this applicant?**

Yes  No

If yes, provide details:

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| --- |
| Click or tap here to enter text. |
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1. **Has there been a finding in relation to the applicant’s professional misconduct, incapacity or incompetence related to practice?**

Yes  No

If yes, provide details:

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| Click or tap here to enter text. |
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1. **Are you aware of any findings of professional negligence or malpractice regarding this applicant?**

Yes  No

If yes, provide details:

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| Click or tap here to enter text. |
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1. **Has this applicant’s registration ever been suspended, revoked, expired or any other type of termination?**

Yes  No

If yes, provide details:

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| Click or tap here to enter text. |
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1. **Does this applicant’s registration currently have conditions attached to it? (Not including conditions that are standard to the type of registration/certificate.)**

Yes  No

If yes, provide details:

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| Click or tap here to enter text. |
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1. **Has this applicant’s registration previously had conditions attached to it?**

Yes  No

If yes, provide details:

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| Click or tap here to enter text. |
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1. **Is the applicant compliant with your continuing competence/quality assurance programs?**

Yes  No  Not applicable

If no, provide details:

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| --- |
| Click or tap here to enter text. |
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1. **Is this applicant compliant with your currency of practice requirement?**

Yes  No  Not Applicable

If no, provide details:

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| Click or tap here to enter text. |
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1. **If this applicant is not currently registered with your licensing/regulatory body, are you aware of any reason why this person would not be entitled to be licensed or registered in your jurisdiction at the present time?**

Yes  No

If yes, please explain:

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| --- |
| Click or tap here to enter text. |
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1. **Are there any other comments about this applicant that your licensing/regulatory body deems relevant to their verification of registration?**

Yes  No

If yes, please explain:

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| --- |
| Click or tap here to enter text. |
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| Name of authorized personnel (please print) |
| Signature of authorized personnel |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: (YYYY/MM/DD) |

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| Instructions:   1. Please complete and sign the form. 2. Affix licensing/regulatory board seal and place as indicated in the space above. 3. Scan and email the form to: [registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org) 4. This form is valid for 90 days. |