

Verification of Supervisor Compliance with Policy 2-11: Approving Supervisory Dietitians, Conflict of Interest Declaration, and Consent to Disclose Information

Please complete the form below to confirm you have read and you comply with [Policy 2-11: Approving Supervisory Dietitians](#).

This information will become part of the Applicant's/Temporary Registrant's file. Your cooperation is appreciated. If you have questions about the specific information requested in this form, please contact registration@collegeofdietitians.org for details. All information contained in this form will remain confidential.

Name of Applicant/Temporary Registrant:	
Applicant/Temporary Registrant's College ID#:	
Supervisor's Name:	
Supervisor's College ID#:	
Name of Organization(s) Where Supervision Will Be Occurring:	
Area of Dietetic Practice (Nutrition Care, Population Health Promotion, Food Services, Management, etc.):	
Anticipated Dates of When the Supervision Will be Occurring (start and end date):	

- I verify that I have thoroughly read [Policy 2-11: Approving Supervisory Dietitians](#).
- I verify that I am in compliance with [Policy 2-11: Approving Supervisory Dietitians](#) prior to beginning the supervisory arrangement.

Should anything change resulting in my non-compliance with [Policy 2-11: Approving Supervisory Dietitians](#), I verify that I will immediately cease the supervisory arrangement and inform both CDO and the Applicant/Temporary Registrant whom I am supervising.

I am free from any conflict of interest or bias as outlined in the [Standards and Guidelines for Professional Practice – Conflict of Interest](#), specifically:

- I do not have a personal relationship with the Applicant/Temporary Registrant (e.g., family, dating, friendship, business) which pre-dates or developed during the supervision period that would be perceived to influence my evaluation of the Applicant/Temporary Registrant.
- I have not received payment directly from the Applicant/Temporary Registrant in exchange for my supervision and evaluation of their competence.

Yes No

I understand that it is considered Professional Misconduct to practice the profession while in a [conflict of interest](#) (section 1.11 [Professional Misconduct Regulation O.Reg. 302/01](#))

Yes No

I understand that it is my responsibility to provide written notice to the College if I terminate the Supervisory relationship for the above-named Applicant/Temporary Registrant because of concerns about their performance or overall dietetic competence.

Yes No

I verify that all information contained in this form is true and accurate.

Supervisor's Signature: _____ Date Signed: _____

To Be Signed by the Applicant/Temporary Registrant:

I hereby provide consent for the Supervising Dietitian named above to disclose information about my performance to the College.

Signature _____

Date _____