

Mutual Recognition Voluntary Relationship Charter VerificationForm

**Applicants Name:**  **Date of Request:**

**The above dietitian is a member in good standing with:**

* 1. [ ]  The Dietitians Association of Australia
		1. Membership Number:
		2. Full APD Status [ ]  Yes [ ]  No
	2. [ ]  Provincial Dietetic Regulatory Body in Canada.
		1. Name of the Dietetic Regulatory Body:
		2. Registration Number:
		3. Class of Registration:
		4. Date of First Registration:
1. **Indicate whether this applicant:**
	1. Is subject to a current or previous complaint, investigation, disciplinary or fitness to practice hearing conducted by either DAA or a Canadian Dietetic Regulatory Body.

[ ]  YES [ ]  NO

If yes, provide details:

1. Is subject to any conditions, restrictions, or limitations on their practice imposed by DAA or a Canadian Dietetic Regulatory Body.

[ ]  YES [ ]  NO

If yes, provide details:

1. Is subject to internal procedures that may affect standing or bring into question the applicant’s ability to practice lawfully and safely, such as: Non-payment of Fees; Non Compliance with Continuing Competency Program.

[ ]  YES [ ]  NO

If yes, provide details:

1. Is subject to other procedures that may affect standing or bring into question the applicant’s ability to practice lawfully and safely, such as: Criminal Investigation; Malpractice Conviction (Civil)

[ ]  YES [ ]  NO [ ]  Not known by DAA or Regulatory Body

If yes, provide details:

|  |  |  |
| --- | --- | --- |
| **DAA** |  | **Provincial Dietetic Regulatory Body** |
|  |  |  |
| Current APD Accreditation Period Expiry Date |  | Current Registration Expiry Date |
|  |  |  |
| Signature of Authorized Person |  | Signature of Authorized Person |
|  |  |  |
| Name |  | Name |
|  |  |  |
| Position |  | Position |
|  |  |  |
| Date (dd/mm/yr) |  | Date (dd/mm/yr) |

Documents Attached

|  |  |
| --- | --- |
| [ ]  Certified copy of Academic Transcript | [ ]  Certified copy of completion of practical training education (if not fully contained in the academic transcript) |
| [ ]  Current Registration or APD certificate as applicable  |

 Seal of DAA or Regulatory Body

**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 or mail the form to:

College of Dietitians of Ontario, 1810-5775 Yonge Street, Box 30, Toronto, ON M2M 4J1, Canada

1. This form is valid for 90 days.