

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](mailto: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.