**Verification of Licensure Form**

**For Applicants Registered with:**

**Non-Dietetic Canadian Regulatory Bodies &**

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

|  |  |
| --- | --- |
| 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:

|  |
| --- |
| Click or tap here to enter text. |
|  |

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:

|  |
| --- |
| Click or tap here to enter text. |
|  |

1. **Are you aware of any findings of professional negligence or malpractice regarding this applicant?**

[ ]  Yes [ ]  No

If yes, provide details:

|  |
| --- |
| Click or tap here to enter text. |
|  |

1. **Has this applicant’s registration ever been suspended, revoked, expired or any other type of termination?**

[ ]  Yes [ ]  No

If yes, provide details:

|  |
| --- |
| Click or tap here to enter text. |
|  |

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:

|  |
| --- |
| Click or tap here to enter text. |
|  |

1. **Has this applicant’s registration previously had conditions attached to it?**

[ ]  Yes [ ]  No

If yes, provide details:

|  |
| --- |
| Click or tap here to enter text. |
|  |

1. **Is the applicant compliant with your continuing competence/quality assurance programs?**

[ ]  Yes [ ]  No [ ]  Not applicable

If no, provide details:

|  |
| --- |
| Click or tap here to enter text. |
|  |

1. **Is this applicant compliant with your currency of practice requirement?**

[ ]  Yes [ ]  No [ ]  Not Applicable

If no, provide details:

|  |
| --- |
| Click or tap here to enter text. |
|  |

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:

|  |
| --- |
| Click or tap here to enter text. |
|  |

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:

|  |
| --- |
| Click or tap here to enter text. |
|  |

|  |  |
| --- | --- |
|  |  |
| Name of authorized personnel (please print) |
| Signature of authorized personnel |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: (YYYY/MM/DD) |

|  |
| --- |
| 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
4. This form is valid for 90 days.
 |