

## DIETETIC PRIVATE PRACTICE VERIFICATION FORM

To proceed with your application for registration to the College of Dietitians of Ontario (the College), we must assess your private (self-employed) dietetic practice. For practitioners who are not self-employed, this information would be provided by an employer. To ensure a fair and accurate assessment, the College requires a detailed description (Part 1) and verification (Part 2) of the dietetic service(s) you have provided in your private practice during the last three years. Please follow the directions in each section. Your cooperation is appreciated. All information contained in this form will remain confidential.

### Part 1: Description of Professional Dietetic Services

Please provide a comprehensive description of the activities in which you have been involved, as a solo practitioner/consultant, including the average number of hours per week.

### Part 2: Client Verifications

- Provide at least three (3) Client Verifications representative of your client base. Return Part 1 of the form to the College as soon as possible.
- “Clients” can include: hospitals, clinics, food companies, referring health professional, or any other person/business to whom you have provided a dietetic service. An applicant’s family members are excluded.
- Write dates, duration of service, and reason for termination of service (if applicable).
- You may write the description of the service you provided (respecting client confidentiality) for your client(s) to sign. Make copies of this form as needed.
- Clients may add additional comments if desired.
- Ensure that the *Client Verification* documents are returned **directly to the College by the clients(s)**. You may want to provide a stamped, addressed envelope to each client for this purpose.



**College of Dietitians of Ontario Dietetic Private Practice Verification Form**

**Part 2. CLIENT VERIFICATION**

**Service Provided:** \_\_\_\_\_

**By:** \_\_\_\_\_ **to:** \_\_\_\_\_  
 (Practitioner Name - Please Print) (Client Name - Please Print)

**From** \_\_\_\_\_ **to** \_\_\_\_\_ (day/month/year)

DESCRIPTION OF SERVICE (To be filled out by the Practitioner)
<b>Reason for Termination of Service (as applicable):</b>

**TO BE COMPLETED BY THE CLIENT**

<b>Current Address</b>	
<b>Contact Numbers: Telephone:</b>	
Do you have any concerns about the professional behaviour or quality of service provided by this practitioner? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If 'Yes' please elaborate in an attached signed letter)</i>	
<b>Comments</b> (use separate page, if necessary):	

**I verify that all the information on this form is accurate.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**To the Client: Please email directly to: [registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org)**

*Your cooperation is appreciated. All information contained in this form will remain confidential.*