

SUPERVISOR VERIFICATION OF PRACTICUM UPGRADING COMPLETION FORM
Upgrading Prior to Final Attempt of the Canadian Dietetic Registration Examination (CDRE)

This is to confirm that _____ has completed _____ hours
 (Name of Applicant) (number)

of supervised practicum activities between _____ and _____

at _____ (Facility)

Please list all practice [ICDEP](#) Performance Indicators (e.g., a), b), c), etc.) in the Practice Competency boxes below that were covered during the supervised placement:

Professional Practice		Communication & Collaboration	Nutrition Care	Population and Public Health	Management
1.01	1.08	2.01	3.01	4.01	5.01
1.02	1.09	2.02	3.02	4.02	5.02
1.03	1.10	2.03	3.03	4.03	5.03
1.04	1.11	2.04	3.04	4.04	
1.05	1.12	2.05			
1.06	1.13	2.06			
1.07					

Supervising Dietitian Name

CDO ID#

Facility Name and Address

Position Title

Telephone

email

I confirm that I have read and am in compliance with [Policy 2-11: Approving Supervisory Dietitians](#)

Signature

Date

All Supervising Dietitians must email the form directly to: registration@collegeofdietitians.org