(name of RD)-Please Print

_____

ACKNOWLEDGEMENT AND UNDERTAKING

I, *[_____](Please print name),* acknowledge and undertake to the College of Dietitians of Ontario ("the College") as follows:

1. I acknowledge that I am not practising dietetics. Rather than comply with the quality assurance program, I prefer to give this undertaking.
2. I undertake not to practise dietetics until I have been assessed by the Quality Assurance Committee as having current knowledge, skill and judgment, including successfully completing any upgrading requested by the Committee.
3. I acknowledge that I will require written confirmation from the College of the successful assessment before I resume practice.
4. I acknowledge and agree to the inclusion of the following entry on the public register (which is on the College's website): Because (name of RD) has not been practicing dietetics, she has undertaken not to resume the practice of dietetics until she has completed upgrading in topics related to dietetics as directed by the College.
5. I understand that the breach of an Undertaking is a very serious matter which would, by itself, constitute professional misconduct (Section 1, paragraph 4, Ontario Regulation 680/93 to the *Dietetics Act, 1991).*
6. I acknowledge that I have been advised to seek legal advice of my own legal counsel before signing this Undertaking and have made a voluntary decision about whether to do so.

Date: _____ Reg #: _____

_____

[Name and Signature of RD]

_____

[Name and Signature of WITNESS]

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