



ACKNOWLEDGEMENT AND UNDERTAKING FORM

I, [_____] (*Please print name*) acknowledge that I am not currently working and that I have been given Exemption by the Quality Assurance Committee in respect of some of my obligations under the Quality Assurance Program. I undertake to the College of Dietitians of Ontario that I will deliver to the Registrar & ED of the College notice in writing of my return to work within 10 working days of my return.

I also undertake to comply with my Quality Assurance obligations, including submitting a complete copy of the most recent version of the SDL Tool (if I return to work after April 15th then I will be required to submit the next year's SDL Tool).

I understand that if I have any questions or concerns that it is my responsibility to contact the College.

Date:

Signature:

Printed Name:

Witness Signature: