

Incomplete applications will not be processed

ALL sections of this form must be completed. [All documents](#) and fees must be received by the College before your application can be processed.

GENERAL INFORMATION

*Legal Surname: (name on your official documents, e.g. birth certificate, passport)		*Previous Surname(s)	
*Legal Given Name:		*Legal Middle Name:	
Do you use the legal name given above when you practice dietetics? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, provide the name you use when you practice:			
Date of Birth dd: mm: yyyy:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		
*Preferred language for College correspondence: English <input type="checkbox"/> French <input type="checkbox"/>			

HOME MAILING ADDRESS

Street / Apt:			
City:	Province:	Postal Code:	
Phone			Fax
Email:	<p>A valid email address is essential. The College uses emails to communicate important information to members and to reset the password to your online College account. Be sure that your email security settings allow mass emails from the College.</p>		

AUTHORIZATION TO WORK IN CANADA

<input type="checkbox"/> Canadian Citizen – Enclose a copy of your Canadian Birth Certificate, Canadian Passport, or Canadian Citizenship Certificate/Card.
<input type="checkbox"/> Permanent Resident – Enclose a copy of your Permanent Resident Card.
<input type="checkbox"/> Temporary Resident – Enclose a copy of your Work Permit.

<input type="checkbox"/> Name Change: If your official transcripts are under a different name than the one you are currently using, you must enclose proof of your change in name with this application (e.g. document showing your old name (i.e. marriage certificate) and a government issued ID showing your current name (i.e. driver's license, passport).
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* The information requested on this form is collected for the purposes of evaluating your application for registration. Once an individual becomes a member of the College, only information marked with an asterisk (*) is made public on the *Register of Dietitians* at www.collegeofdietitians.org Register of Dietitians. You may consult the College's [Privacy Policy](#) on the website.

The following documents must be sent directly to the College from the university or institution:

Required Document(s)	Degree/Program Name	Name of University/Country	Duration and/or Year of Completion
1. Academic Preparation <input type="checkbox"/> Official transcript for each degree completed or in progress AND <input type="checkbox"/> ACEND Verification Form (for applicants educated in the USA only)	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
2. Practical training in dietetics <input type="checkbox"/> Official letter of completion OR <input type="checkbox"/> ACEND verification form (for applicants educated in the USA only)			
3. Copy of work permit (for applicants who are not Canadian citizens or permanent residents)			

I CONFIRM THAT I HAVE MADE ARRANGEMENTS FOR THE DOCUMENTS LISTED ABOVE TO BE SENT DIRECTLY TO:

The College of Dietitians of Ontario
 C/O REGISTRATION COORDINATOR
 1810-5775 Yonge Street, Box 30
 Toronto ON M2M 4J1

Signature _____ Date _____

Form must be signed manually. Applications with electronic signature will not be accepted.

CONDUCT AND HEALTH

The purpose of these questions is to provide the Registrar or a panel of the Registration Committee with information about whether an applicant will practise dietetics in a safe and ethical manner.

You must answer all questions. If you answer 'Yes' to any of the questions below, please attach a separate sheet describing the specific situation, dates, and the nature of the findings/conclusion. You may be asked to provide additional documentation.

	Yes	No
1. Have you ever applied OR been licensed/registered with a professional regulatory body (for dietetics or any other profession) in Ontario, or any other province, territory, state or country?	<input type="checkbox"/>	<input type="checkbox"/>

1 a. If yes, please provide details about your registration/license below:

Name of Regulatory/Licensing Body	Number of dietetic practice hours accumulated in the past three years	I verify that I have arranged for the regulatory body to send confirmation of my registration directly to the College (please sign) Click here for Registration Verification Form

	Yes	No
2. Have you ever been charged or found guilty of:		
a. an offence under the Criminal Code (Canada)?	<input type="checkbox"/>	<input type="checkbox"/>
b. an offence related to prescribing, compounding, selling or administering drugs?	<input type="checkbox"/>	<input type="checkbox"/>
c. an offence, other than a municipal by-law offence or an offence under the Highway Traffic Act, that occurred in the course of, or that was related to, your practice of dietetics?	<input type="checkbox"/>	<input type="checkbox"/>
d. an offence that was committed while you were impaired by any substance?	<input type="checkbox"/>	<input type="checkbox"/>
e. any other offence that might reasonably be relevant to your suitability to practise dietetics?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever been found guilty of professional misconduct, incompetence, or incapacity in Ontario, or any other province, territory, state, or country?	<input type="checkbox"/>	<input type="checkbox"/>
4. To your knowledge, are you currently being investigated for professional misconduct, incompetence, or incapacity, in Ontario, or any other province, territory, state, or country?	<input type="checkbox"/>	<input type="checkbox"/>
5. Has any finding of professional negligence been made against you in any civil or criminal proceeding within or outside Canada?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been refused for registration with a body that is responsible for the regulation of a profession, either within or outside of Canada? If yes, provide details:	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you suffer from any physical or mental condition or disorder that affects your ability to perform the duties of a Registered Dietitian safely?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have an alcohol or drug dependency that affects your ability to perform the duties of a Registered Dietitian safely?	<input type="checkbox"/>	<input type="checkbox"/>
9. Is there any other event or circumstance that may be considered relevant to your suitability to practise dietetics in a safe and ethical manner?	<input type="checkbox"/>	<input type="checkbox"/>

TEMPORARY REGISTRATION FEE

A *Temporary Certificate of Registration* is available for applicants who meet the requirements and have applied to write the next available *Canadian Dietetic Registration Examination*, or have written the examination and are waiting for their results. *An individual holding a Temporary Certificate of Registration may practise using the title "Registered Dietitian" but may not supervise another dietitian.*

Do you wish to receive a Temporary Certificate of Registration once you have been deemed eligible?

- No, I do not wish to receive a Temporary Certificate of Registration.
- Yes, I wish to receive a Temporary Certificate of Registration. The fee for a Temporary Certificate is \$120.

DATE AND SIGN YOUR APPLICATION

Carefully read and check all declarations below. Applications with declarations that are not checked will not be accepted.

I certify the above to be true, and I acknowledge and understand that:

- If an applicant is found to have made a false or misleading statement, or an omission or misrepresentation on their application, any certificate of registration issued to them will be deemed invalid.
- I may not use the title "Dietitian" until the College has confirmed that I am registered as a member of the College of Dietitians of Ontario.
- I must notify the College, *within 30 days*, if there are any changes to the information provided on this form.
- Aggregate exam results will be used for statistical purposes.

Signature _____ Date _____

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PAYMENT OF FEES

The preferred payment method is Visa or Mastercard, although cheques are accepted. Credit cards must be in Canadian currency; debit cards are not accepted. Please indicate below how you intend to pay the application fee of \$185 and the \$120 Temporary Certificate of Registration fee (as applicable):

- Credit Card – once your application has been received, we will send you an email with instructions for paying by credit card.
- Cheque – enclose a cheque payable to *College of Dietitians of Ontario* for \$185 for the application fee and a separate cheque for \$120 for the Temporary Certificate of Registration fee (which will not be processed until you have been deemed eligible for temporary registration). A fee of \$55 will apply to any non-sufficient fund cheques.

NEXT STEPS

1. Make sure you have answered all of the questions in this application form.
2. Ensure the form is signed manually and not with electronic signature. Applications with electronic signatures will not be processed.
3. Mail the Application form to:

**The College of Dietitians of Ontario
1810-5775 Yonge Street, Box 30
Toronto, ON M2M 4J1**

4. Add the College's domain @collegeofdietitians.org to your email service's safe senders list (also called white list). The College sends many important communications by email (some are automated). If your email provider blocks the automated emails or sends them to your junk folder, you may miss important information causing delays in processing your application.
5. You will receive an email from the College once your application has been received with instructions on how to pay your fees and track the progress of your application online.