

**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:	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.	

### 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.

\* 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, the information marked with an asterisk (\*) is made publically available on the *Register of Dietitians* at [www.collegeofdietitians.org](http://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 of Dietitians of Ontario from the university or institution:**

Required Document(s)	Degree/Program Name	Name of University/Country	Duration and/or Year of Completion
<b>1. Academic Preparation</b> <input type="checkbox"/> World Education Services ( <a href="#">WES</a> ) <a href="#">Assessment</a> sent directly to CDO (required for all university degrees completed outside of Canada, with the exception of USA universities with regional accreditation) <b>AND</b> <input type="checkbox"/> Official Transcripts (sent directly to CDO from the University or WES) <input type="checkbox"/> <a href="#">Education Summary Form</a> (only for university degrees completed outside of Canada, with exception of USA universities with accreditation) <input type="checkbox"/> Official Course Descriptions (sent directly to CDO by the University) of all courses as they appear on the transcript	1.	1.	1.
	2.	2.	2.
	3.	3.	3.
<b>2. Practical Training in Dietetics</b> <input type="checkbox"/> Official transcript showing/confirming that practical training was completed as part of degree (sent directly to CDO by the University or Internship Program) <input type="checkbox"/> Official letter (sent directly to CDO by the University or Internship Program) providing a detailed description of the program completed <b>OR</b> <input type="checkbox"/> Independent Practicum Submission			
<b>3. Language Proficiency</b> <input type="checkbox"/> TOEFL iBT Score of 80 and minimum score of 26 in speaking component (report must be sent directly to CDO by the institution) <input type="checkbox"/> IELTS (academic) overall band score of 6.5 and minimum score of 8.0 in speaking component (report must be sent directly to CDO by the institution) <input type="checkbox"/> Official letter confirming that the medium of instruction was English/French (sent directly to CDO from the school or university)			
<input type="checkbox"/> <b>Name Change:</b> If your official transcripts are under a different name than the one you are currently using, <b>you must</b> 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).			

I CONFIRM THAT I HAVE MADE ARRANGEMENTS FOR THE DOCUMENTS LISTED ABOVE TO BE SENT TO THE COLLEGE OF DIETITIANS OF ONTARIO.

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
<b>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?</b>	<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) <a href="#">Click here for Registration Verification Form</a>

	Yes	No
<b>2. Have you ever been charged or found guilty of:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>a. an offence under the Criminal Code (Canada)?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b. an offence related to prescribing, compounding, selling or administering drugs?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d. an offence that was committed while you were impaired by any substance?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e. any other offence that might reasonably be relevant to your suitability to practise dietetics?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Have you ever been found guilty (in Ontario, or any other province, territory, state, or country) of professional misconduct, incompetence, or incapacity?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5. Has any finding of professional negligence been made against you in any civil or criminal proceeding within or outside Canada?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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:</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Do you have an alcohol or drug dependency that affects your ability to perform the duties of a Registered Dietitian safely?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>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?</b>	<input type="checkbox"/>	<input type="checkbox"/>

## 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 to 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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## APPLICATION AND ASSESSMENT FEES

Application Fee	\$185
Academic Equivalence Assessment Fee (not required if you graduated from a degree program accredited by the Partnership for Dietetic Education and Practice in Canada or the Accreditation Council for Education in Nutrition and Dietetics in the USA)	\$425
Practical Training Assessment Fee (not required if you completed an internship or practicum program accredited by the Partnership for Dietetic Education and Practice in Canada or the accreditation Council for Education in Nutrition and Dietetics in the USA)	\$425
<b>Total</b>	<b>\$1,035.00</b>

## 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.

## 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 how you intend to pay the application fee and applicable assessment fees:

- 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 for the application fee and applicable assessment fees. Please also enclose 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). All cheques are payable to: *College of Dietitians of Ontario*.

## 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.