

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, the information marked with an asterisk (*) is made publically available on the *Register of Dietitians* at www.collegeofdietitians.org Register of Dietitians. You may consult the College's *Privacy Policy* on the website.

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 below for: <ul style="list-style-type: none"> • Canadian Dietetic Regulatory Verification Form • Other Registration Verification form

	Yes	No
1 b. Are there any additional transcripts for degrees/courses that are in progress or you have completed that your regulatory body does not have on file? provide details below:	<input type="checkbox"/>	<input type="checkbox"/>

1 c. If yes, please provide details below:

Degree/Program Name	Name of University/Country	Duration and/or Year of Completion	I verify that I have arranged for the academic institution to send the official transcript directly to the College (please sign)

	Yes	No
2. Have you ever been charged or found guilty of:	<input type="checkbox"/>	<input type="checkbox"/>
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 (in Ontario, or any other province, territory, state, or country) of professional misconduct, incompetence, or incapacity?	<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?
5. Has any finding of professional negligence been made against you in any civil or criminal proceeding within or outside Canada?
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:
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?
8. Do you have an alcohol or drug dependency that affects your ability to perform the duties of a Registered Dietitian safely?
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?

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 _____

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

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 of \$185:

- 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 \$185 for the application fee, 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.