

# APPLICATION FOR KNOWLEDGE AND COMPETENCY ASSESSMENT TEST (KCAT) AND/OR PERFORMANCE BASED ASSESSMENT (PBA) PRACTISE

(Application for Return to Practise 10 years or more since graduation or last dietetic practise)

## 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 practise dietetics? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, provide the name you use when you practise:	
Date of Birth: dd:                      mm:                      yy:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <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:			
Email:	A valid email address is essential. The College uses emails to communicate important information to registrants and to reset the password to your online College account. Be sure that your email security settings allow mass emails from the College.		

### HAVE YOU PREVIOUSLY BEEN REGISTERED WITH THE COLLEGE? Yes No

<b>Reason for terminating previous College registration:</b>	
Resigned	Registration Expired (Temporary and Provisional Registrants only)
Retired	Revoked (for reasons other than discipline or fitness to practise)

### AUTHORIZATION TO WORK IN CANADA

Canadian Citizen – Enclose a copy of your Canadian Birth Certificate, Indian Status and Identification Card, Canadian Passport, or Canadian Citizenship Certificate/Card.
Permanent Resident – Enclose a copy of your Permanent Resident Card.
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 purpose of evaluating your application for registration. Once an individual becomes a registrant of the College, only information marked with an asterisk (\*) is made public on the [Register of Dietitians](#). You may consult the College's [Privacy Policy](#) on the website.

All documentation must be sent electronically to the College from the university of institution, if not already on file:

Required Document(s)	Degree/Program Name Including Name of University/Country	Duration and/or Year of Completion	Are these documents already on file from a previous application?
<b>1. Academic Preparation</b> Official Transcript(s) for all post-secondary courses and degrees completed or in progress, sent directly from the university.  <b>AND</b> ACEND Verification Form (for applicants educated in the USA only)	1.	1.	Yes No
	2.	2.	Yes No
	3.	3.	Yes No
<b>2. Practical training in dietetics</b> Official letter of completion and transcript (as applicable)  <b>OR</b> ACEND verification form (for applicants who completed ACEND accredited programs)			Yes No

**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 a registrant 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 including changes in my contact information (home or work address and phone number) or email.
- Aggregate exam results will be used for statistical purposes.
- I must make arrangements for the required documents to be sent directly to the College.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Manual or electronic signatures are accepted.

mmm/dd/yyyy



## NEXT STEPS

1. Email your completed application form, authorization to work in Canada, and name change documentation (as applicable) to: [registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org)
2. The College operates a primarily paperless organization. Please request your institutions send all documents such as transcripts and practicum completion letters electronically to: [registration@collegeofdietitians.org](mailto:registration@collegeofdietitians.org). If your institution is unable to send documentation electronically, please contact the College for further details.
3. Add the College's domain @collegeofdietitians.org to your email service's safe senders 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.
4. You will receive an email from the College once your application has been received with instructions on how to pay your application fees and track the progress of your application online.