



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

Application for Return to Practise-10 Years or More Since Training or Last Dietetic Practice.

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 will 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: yy:	Gender: Female Male Other
Preferred language for College correspondence: English French	

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 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 Secure Certificate of Indian Status, 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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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 _____

Manual or electronic signatures are accepted.

PAYMENT OF FEES

Once your application has been received, we will send you an email with instructions on how to pay your application fee.

NEXT STEPS

1. Make sure you have answered all the questions in this application form.
2. Manually or electronically sign the application form.
3. Email your completed application form to: registration@collegeofdietitians.org
4. During the COVID-19 pandemic, please use **regular mail** (not registered mail) to deliver any documentation that cannot be emailed to the College and it will be rerouted by Canada Post to an alternate address. **Do not deliver it by hand or by courier service** as no one is at the College to receive it.

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.