

APPLICATION FOR CREDENTIAL ASSESSMENT

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.

ENERAL	INFC	PRMATION				
*Legal Surname: (Name on your official documents, e.g., birth certificate, passport)			certificate, passport)	*Previous Surname(s):		
*Legal Given Name:				*Legal Middle Name:		
Do you use th	Do you use the legal name given above when you practise dietetics? Yes No					
If no, provide	If no, provide the name you use when you practise:					
Date of Birth	n: dd:	mm:	уу:	Gender: F	Female	
*Preferred la	anguag	ge for College corresponde	ence: English French			
HOME MAILING ADDRESS Street / Apt:						
City:			Province:		Postal Code:	
Phone:						
Email:	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.					
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.						
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).						



* 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 <u>Register of Dietitians</u>. You may consult the College's <u>Privacy Policy</u> on the website.

All documentation must be sent electronically to the College from the university, WES, or training institution:

	Required Document(s)	Degree/Program Name	Name of University/ Country	Duration and/or Year of Completion
1.	Academic Preparation World Education Services (WES) Course-by- Course International Credential Advantage Package (ICAP) (required for all university degrees completed outside Canada, except USA)	1.	1.	
	Official Transcript(s) (for applicants from Canadian accredited & recognized USA programs)	2.	2.	
	Official Course Descriptions of all courses as they appear on the transcript for degrees completed outside of Canada/USA	3.	3.	
	Successful completion of the Knowledge and Competency Assessment Tool (KCAT) with Level I			
2.	Practical training in dietetics			
	Practical training listed in my transcript			
	OR			
	Official letter from the university or regulatory body or hospital which confirms that the degree(s) completed qualifies the applicant to practise as a Dietitian in the country where the institution is located			
	OR			
	Independent Practicum Submission			
3. Language Proficiency				
	Minimum language proficiency test results according to CDO Policy 4-50 Language Proficiency	If you chose "medium of instruction" option, please provide the name of the institution sending the letter:		
	Official letter confirming that the medium of instruction was English/French			

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	
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?						
1 a	a. If yes, please provide details about your registration/license below	:				
Na	nme of Regulatory/Licensing Body	Number of dietetic practise hours accumulated in the past three years (as applicable)	I verify that I have arrange regulatory body to send conf my registration directly to th (please sign) Click here for Registration Verifi		firmation of the College	
				Yes	No	
2.	Have you ever been charged or found guilty of: a. an offence under the Criminal Code (Canada)?					
	b. an offence related to prescribing, compounding, selling	or administering drugs?				
	c. an offence, other than a municipal by-law offence or an o course of, or that was related to, your practice of dietetic		ct, that occurred in the			
	d. an offence that was committed while you were impaired by	by any substance?				
	e. any other offence that might reasonably be relevant to yo	our suitability to practise dietetics?				
	Have you ever been found guilty (in Ontario, or any other proving incompetence, or incapacity?	nce, territory, state, or country) of p	rofessional misconduct,			
	To your knowledge, are you currently being investigated for pro Ontario, or any other province, territory, state, or country?	ofessional misconduct, incompeten	ce, or incapacity, in			
	Has any finding of professional negligence been made against Canada?	you in any civil or criminal proceed	ding within or outside			
	Have you ever been refused for registration with a body that is or outside of Canada? If yes, please provide details:	responsible for the regulation of a p	profession, either within			
	Do you suffer from any physical or mental condition or disorde Registered Dietitian safely?	r that affects your ability to perform	the duties of a			
8.	Do you have an alcohol or drug dependency that affects your a	ability to perform the duties of a Req	gistered Dietitian safely?			
	Is there any other event or circumstance that may be considere and ethical manner?	ed relevant to your suitability to pra	ctise dietetics in a safe			
10.	While attending a post-secondary institution, have allegations ever been suspended, expelled or penalized by a post-secondary details.	of misconduct ever been made aga ary institution for misconduct? If ye	inst you, or have you s, please attach written			



Page: 3 of 5
Revised: February 2024

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.

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:

001111	and above to be true, and i define medge and an adversaria mat.
	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 registrant of the College of Dietitians of Ontario.
	I must notify the College, <i>within 30 days</i> , 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.
Signatu	
Manual o	r electronic signatures are accepted. mmm/dd/yyyy

APPLICATION AND ASSESSMENT FEES

Application Fee (non-refundable)	\$185
Academic Equivalence Assessment Fee (not required if you graduated from a College-recognized accredited degree in Canada or the Accreditation Council for Education in Nutrition and Dietetics (ACEND) in the USA)	\$425
Practical Training Assessment Fee (not required if you completed a College-recognized accredited practicum program in Canada or ACEND in the USA)	\$425
Total	\$1,035.00



Page: 4 of 5
Revised: February 2024

NEXT STEPS

- 1. Email your completed application form, authorization to work in Canada, and name change documentation (as applicable) to: registration@collegeofdietitians.org
- 2. The College operates a primarily paperless organization. Please request your institutions send all documentation such as transcripts, practicum completion letters, demonstration of language proficiency, etc. electronically to: 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 fees and track the progress of your application online.



Page: 5 of 5