



**COLLEGE OF DIETITIANS
OF ALBERTA**

**Application for Registration
(Courtesy)**

College of Dietitians of Alberta
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Form Last Updated: April 1, 2019

ELIGIBILITY FOR REGISTRATION

You may be eligible for registration on the Courtesy Register if you are currently registered with another Canadian Dietetic Regulatory Body and documentation can be provided indicating you meet the requirements for recognition under the Labour Mobility Agreement.

You must remain registered with your primary regulatory body while you hold the Courtesy Registration with the College of Dietitians of Alberta. Courtesy Registration does not allow for transfer to the General Register until a complete assessment has been undertaken by the College indicating all registration requirements have been met.

Courtesy Registration is issued for a minimum of 30 days to a maximum of 180 days.

INSTRUCTIONS

You may complete the application form electronically prior to printing a copy to sign and return to the College office. All sections of this form must be completed with mandatory fields appearing in red. Do not use abbreviations for hospitals, educational institutes, or organizations; provide the names in full.

Documentation must be in the form of originals or notarized copies sent directly from the issuing institution. Provide official documentation of a name change (ie. marriage certificate and government issued ID with completed name change) if documents were issued under a different name.

An application form along with the required documentation and fees must be submitted before the application will be reviewed. Once a complete application has been received by the College your file will be referred for review. The College will contact you if additional information and documentation is required to complete the assessment.

The information in this application form is required by Regulation for registration with the College and all fields must be completed in full. Information provided in the application form or supporting documentation may be verified by the College.

Information provided is confidential unless the College is required to provide it under the *Health Professions Act*. The College may also be required to provide notarized copies of documentation to another dietetic regulatory body upon request as per the Labour Mobility Agreement. Please see the disclosure statement at the end of the application form under Declaration.

GENERAL INFORMATION

LAST NAME:

PREVIOUS LAST
NAME:

FIRST NAME:

MIDDLE NAME:

DATE OF BIRTH
(mm/dd/yyyy):

GENDER:

HOME CONTACT INFORMATION

MAILING ADDRESS:

SUITE:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

CELL NUMBER:

EMAIL ADDRESS:

ALBERTA CONTACT INFORMATION

MAILING ADDRESS:

SUITE:

CITY:

PROVINCE:

POSTAL CODE:

PHONE NUMBER:

CELL NUMBER:

EMAIL ADDRESS:

RESIDENCY STATUS

Please complete the following:

1. Are you a Canadian citizen?

If you answered "No" to question #1, please answer the following question:

2. Are you a Permanent Resident?

If you answered "Yes" to question #2, you are required to provide a copy of your Permanent Resident card along with your application.

If you answered "No" to question #2, please answer the following question:

3. Are you authorized under the *Immigration Act* to practice this profession?

Authorization expires on
(mm/dd/yyyy):

If you answered "Yes" to question #3, you are required to provide documentation indicating you are authorized to work in health care in Canada.

CONSENT FOR EMAILS

Canada's Anti-Spam Legislation (CASL) requires us to obtain your consent to send you emails about CDA's activities. Please note: emails related to regulatory issues and health-related initiatives including registration and professional practice are not subject to this legislation. Please indicate whether you consent to receive these emails at the provided email address.

Yes, I'd like to receive emails related to my CDA membership which include newsletters (College Briefings), notices for College events and award celebrations, videos and non-regulatory surveys. I understand that I am able to unsubscribe at any time.

No, I would not like to receive non-regulatory emails related to my CDA membership.

COURTESY REGISTRATION INFORMATION

Please select the service/activity that you are undertaking while in Alberta. Below, please provide a description of the service/activity.

Select one:

Description:

Courtesy Registration is issued for a minimum of 30 calendar days to a maximum of 180 calendar days. Please indicate the length of time that you are requesting registration on the Courtesy Register:

START DATE
(mm/dd/yyyy):

END DATE
(mm/dd/yyyy):

Please provide the contact information for the service/activity to be provided.

Alberta Contact name:

Position
Title:

Location of Activities:

Contact Phone:

Contact Email:

CURRENCY OF QUALIFICATIONS

It is the responsibility of the applicant to demonstrate current practice. Please submit a current curriculum vitae/resume with the application form outlining work experience obtained that relates directly to dietetic practice, and is at a level that would be expected of a practicing Registered Dietitian. Please include a description of duties and responsibilities and status (full time, part time etc). Volunteer work may be included. Please ensure that each position includes your supervisor's name, position title and contact information for verification purposes.

As part of the Labour Mobility process, upon request by the applicant, your current regulatory body will confirm participation in their Competence Program.

PRIOR/OTHER REGISTRATION

It is the responsibility of the applicant to request verification of current and/or previous registration with another dietetic regulatory body. Applicants should contact all dietetic regulatory bodies they have held registration with to request Verification of Registration be provided to the College office along with applicable documentation, including official transcripts, internship confirmation, CDRE results and/or name change documentation. Any fee associated with processing the request for verification is the responsibility of the applicant.

The College office encourages all applicants to follow-up with the appropriate dietetic regulatory bodies to ensure all required documentation has been provided to the College office. Please note, your application to the College will not be approved until all required verifications and documents have been received in the College office.

Please check (√) the following:

Are you **currently** applying to another dietetic regulatory body?

If yes, please provide the name of the regulatory body.

REGULATORY BODY:

DATE OF APPLICATION (mm/dd/yyyy):

Have you **previously** applied for and/or been denied registration with another dietetic regulatory body?

If yes, please provide the name of the regulatory body.

REGULATORY BODY:

DATE OF APPLICATION (mm/dd/yyyy):

Are you **currently** registered with another dietetic regulatory body?

If yes, please provide the name of the regulatory body.

REGULATORY BODY:

REGISTRATION NUMBER:

Have you **previously** been registered with another dietetic regulatory body?

If yes, please provide the name of the regulatory body.

REGULATORY BODY:

REGISTRATION NUMBER:

.....

Have you **previously** been registered with the College of Dietitians of Alberta?

Are you **currently** registered with Dietitians of Canada?

COURTESY REGISTRATION AND PRACTICE PERMIT

When your application has been approved you will be entered on the Courtesy Register of the College and issued a Practice Permit. Registration on the Courtesy Register grants the right to practice in Alberta and use all the protected titles of the College: Registered Dietitian, Registered Nutritionist, Dietitian and the initials RD for the specified period of time. If an extension of the Courtesy Practice Permit is required, a written request must be submitted to the College.

INFORMATION ON LEGAL ACTIVITY

To be eligible for registration with the College you must provide the following information in accordance with the College's Regulation under the *Health Professions Act*.

Please answer the following:

Have you ever been charged with or been convicted of an offence under the Criminal Code (Canada), *Food and Drugs Act* (Canada) or the *Narcotic Control Act* (Canada) or the equivalent in any other jurisdiction?

Have any findings or judgments of professional negligence been made against you in any civil or criminal proceedings in Alberta or any other jurisdiction in relation to the practice of dietetics or of any other profession?

Have you ever been investigated, found guilty or been denied registration due to unprofessional conduct, incompetence, negligence, or incapacity in Alberta or any other jurisdiction in relation to the practice of dietetics or of any other profession?

Are you the subject of any type of current proceedings for unprofessional conduct, incompetence, negligence, or incapacity in Alberta or any other jurisdiction in relation to the practice of dietetics or any other profession?

Have you ever been denied registration or ever had conditions imposed on a practice permit in Alberta or any other jurisdiction in relation to the practice of dietetics or of any other profession?

If you answered "yes" to any of the above questions, please provide specific details regarding the situation, dates and the nature of the findings/conclusion (use a separate sheet if necessary). You may be asked to provide additional documentation.

DECLARATION

Please check that you have read and understand the following statements:

I verify that all statements contained in this application and supporting documentation are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for refusal of registration, disqualification from the CDRE or cancellation of registration and a practice permit with the College.

I understand that I may be required to provide further documentation and information and undertake other assessments in order to determine eligibility for registration with the College, and that the College will contact me if additional documentation is necessary.

I am aware that the information I have provided may be verified by the College and that in the course of such verification the College may need to disclose to third parties the information that I have provided. I consent to such disclosure by the College and I also consent to the disclosure of personal information by third parties to the College that may be necessary for the College to process my application and to verify the information that I have provided.

I agree to notify the College immediately of any change to the information that has been provided in accordance with College Regulation under the Health Professions Act.

I am aware that I may not practice or use the protected titles Dietitian, Registered Dietitian, Registered Nutritionist or the initials RD in Alberta until I have been formally notified by the College of Dietitians of Alberta that I am entitled to do so.

I am aware that I may not begin employment (including orientation) until I have been formally notified by the College of Dietitians of Alberta that my application has been approved, I am entitled to do so and have received my practice permit.

I am aware that I may not indicate on my resume or any other documentation, or verbally indicate that I am registered with the College until I have been formally notified by the College of Dietitians of Alberta that I am a registered member and have received my practice permit.

The personal information requested on this form is used for the purposes of: determining my eligibility to register with the College, updating the College’s membership database, administration by the College of Labour Mobility Agreements with other dietetic regulatory authorities, and generally for carrying out the College’s regulatory activities under the Health Professions Act. I consent to the collection, use and disclosure of my personal information for such purposes.

SIGNATURE:

DATE
(mm/dd/yyyy):

CHECKLIST OF REQUIRED DOCUMENTATION FOR APPLICATION

- Completed, signed Courtesy Application Form
- Current curriculum vitae/resume
- Copy of Marriage certificate (if required for name change)
- Copy of Government Issued ID (if required for name change)
- Documentation supporting Authorization to Practice - Residency Status (if required)

All required fees are in Canadian funds only and are NON-REFUNDABLE. Application and Practice Permit fees include 5% GST (GST Registration No. R128396132).

Fees are payable by **CREDIT CARD**. Once your application has been processed by the College office, an invoice will be provided for online payment of the required fees.

Fees are also payable by **CHEQUE** or **MONEY ORDER** and must accompany the application form. Fees should be made payable to College of Dietitians of Alberta. A service fee of \$26.25 will apply to a cheque returned by the bank.

Courtesy registration is issued for a minimum of 30 calendar days to a maximum of 180 calendar days. Please indicate the length of time that you are requesting registration on the Courtesy Register:

START DATE: END DATE: TOTAL number of calendar days:

Enclosed is the following amount for registration (select one):

- Registration for 0-30 days: Application fee \$52.50 + Practice Permit fee \$52.50 = \$105
- Registration for 30-60 days: Application fee \$52.50 + Practice Permit fee \$105 = \$157.50
- Registration for 60-90 days: Application fee \$52.50 + Practice Permit fee \$157.50 = \$210
- Registration for 90-120 days: Application fee \$52.50 + Practice Permit fee \$210 = \$262.50
- Registration for 120-150 days: Application fee \$52.50 + Practice Permit fee \$262.50 = \$315
- Registration for 150-180 days: Application fee \$52.50 + Practice Permit fee \$315.00 = \$367.50

Method of Payment (select one):

- Cheque
- Credit card

OFFICE USE ONLY

- Required Documents Received
 - Application Form Complete
 - Labour Mobility Form Complete
 - Official Transcripts
 - Internship Verification Letter
 - CDRE results
 - Resume
 - Marriage Certificate (if required)
 - Government Issued ID (if required)

- Residency Status confirmed
 - Documentation supporting Authorization to Practice (if required)

- Fees received (credit card)
 - Date Processed: _____
 - Invoice #: _____
 - Transaction ID #: _____
 - Amount: _____
 - Payment type: _____

- Fee received (cheque / money order):
 - Date Paid: _____
 - Cheque Date: _____
 - Cheque #: _____
 - Amount: _____
 - Paid by (other than applicant):

- Application approved: Courtesy Register
- Application refused
- Other

Registrar Signature: _____ Date: _____