



**COLLEGE OF DIETITIANS
OF ALBERTA**

**Application for Registration
(Return to Practice)**

College of Dietitians of Alberta
1320, 10123 99 Street
Edmonton, AB T5J 3H1

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Form Last Updated: April 1, 2019

ELIGIBILITY FOR REGISTRATION

- 1) The applicant must have a Baccalaureate degree in foods and nutrition from an accredited Canadian University, or equivalent.
- 2) The applicant must have completed a dietetic internship from an accredited Canadian internship program, or equivalent.
- 3) The above qualifications must be obtained within the three years prior to the date of application, or upgrading may be required.
- 4) The applicant must successfully complete the Canadian Dietetic Registration Examination.
- 5) The applicant must demonstrate good character and reputation in order to register with the College.

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 fee must be submitted before the application will be reviewed. The information submitted within this application is required in order to assess the equivalence of your academic, internship and currency qualifications to determine whether you meet the requirements for registration with the College. The assessment of qualifications is based on the information and documentation provided by the applicant. It is the responsibility of the applicant to provide sufficient, appropriate, verified documentation for an adequate assessment of their qualifications. 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:

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.

ACADEMIC AND INTERNSHIP QUALIFICATIONS

Complete list of academic qualifications below. If the College does not already have official academic transcripts confirming each degree obtained and the year it was awarded, you will be required to submit official transcripts directly from the educational institution to the College, or submitted in a sealed envelope bearing the educational institution letterhead. Transcripts must be originals or notarized copies.

NAME OF SCHOOL:

UNDERGRADUATE
DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

NAME OF SCHOOL:

GRADUATE DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

Complete list of internship qualifications below. If the College does not already have confirmation of successful completion of an internship program and the date the program was completed, you will be required to submit the written confirmation on letterhead, signed and dated and sent directly from the internship director/coordinator to the College.

NAME OF INTERNSHIP
PROGRAM:

INSTITUTION/FACILITY:

CITY:

COUNTRY:

INTERNSHIP
DIRECTOR /
COORDINATOR:

COMPLETION DATE
(mm/dd/yyyy):

CURRENCY OF QUALIFICATIONS

If your qualifications (academic, internship or national examination) were obtained more than three years prior to this application you may be required to undertake academic and practicum upgrading activities in order to be eligible for registration. It is the responsibility of the applicant to provide sufficient, appropriate, verified documentation to demonstrate current practice.

Please attach the information and supporting documentation outlined below to the application.

A) Competence Activities

Provide details of competence activities undertaken within the three years prior to the application that relate directly to dietetic practice, and are at a level that would be expected of a practicing Registered Dietitian. Include appropriate documentation and verification.

- Courses from recognized post secondary institutions, including the course description and level, course hours, and official transcripts, certificates or diplomas verifying completion.
- Professional courses or workshops (Dietitians of Canada, ASPEN, the Academy of Nutrition and Dietetics, the Canadian Diabetes Educator Certificate Program) including submission of a written summary of learning, course hours, and official certificates verifying completion.
- Professional presentations including submission of a copy of the presentation, where and when the presentation was given, the nature of the audience, number of hours for preparation and delivery, and verification of the presentation.
- Professional writing or publications including submission of a copy of the article written, the name and date of the publication, the nature of the publication, number of hours for preparation, and verification of publication.
- Original research projects including submission of a summary paper and number of hours of direct involvement. To verify research projects the approval, validation, or peer review must be included.

B) Work Experience

Provide details of work experience obtained within the prior three years that relate directly to dietetic practice and are at a level that would be expected of a practicing Registered Dietitian. Work experience must be verified by the employer or a by a Registered Dietitian. Verifications must be in writing on official letterhead, clearly stating what is being verified and must include a contact name and telephone number. Volunteer work may be included and should be verified by the employer or by a Registered Dietitian.

- Current curriculum vitae/resume

If employed:

- a formal job description (verified),
- a detailed description of duties and responsibilities (verified), and
- the number of hours worked in each year of the previous three years (verified)

If in private practice:

- a business plan,
- detailed project/contract descriptions (verified),
- samples of work and other supporting documentation, and
- the number of billable hours in each year of the previous three years (verified)
- written references from three clients attesting to services provided
- written references from three Registered Dietitians familiar with your practice

LAST DIETETIC EMPLOYMENT POSITION:

ORGANIZATION NAME:

POSITION/TITLE:

COMPLETE MAILING ADDRESS:

EMAIL:

PHONE NUMBER:

START DATE
(mm/dd/yyyy):

END DATE
(mm/dd/yyyy):

EMPLOYMENT STATUS:

SUPERVISOR NAME:

PHONE NUMBER:

EMAIL:

COLLEGE IN-PERSON COMPETENCY ASSESSMENT

The College will assess the qualifications of the applicant to determine if currency requirements for registration have been met. Part of the assessment process requires completing an in-person College competency assessment for registration conducted at the University of Alberta (UA) which will be based on a basic nutrition knowledge examination as well as diagnostic evaluations using the methodologies of the Objective Structured Clinical Examination (OSCE) and the Multiple Mini Interviews (MMI).

The assessment fee is \$600 to be paid to the College once scheduled for the assessment. Please note that you are responsible for any travel, accommodation and personal expenses associated with the assessment.

The Registration Committee will review the results of the assessments. If additional dietetic bridging education is required, course costs are your responsibility.

Please do not submit this fee with the application form.

REGISTRATION AND PRACTICE PERMIT INFORMATION

Following College review and approval of qualifications, including successful completion of requirements for registration identified through the assessment process, applicants may be required to write the Canadian Dietetic Registration Examination (CDRE) as a final step towards registration in Alberta. If this is required, temporary registration with the College allows candidates to practice and use the protected title "Dietitian" until they have written the CDRE. Once temporary registration has been approved candidates are pre-registered to write the CDRE in the next available examination session.

On successful completion of the CDRE you will be eligible for registration on the General Register and issued a general practice permit. Registration on the General Register grants full registration (without supervision) and the right to practice and use all the protected titles of the College: Registered Dietitian, Registered Nutritionist, Dietitian and the initials RD.

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 reviewed until all required verifications and documents have been received in the College office.

Please answer 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:

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

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

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*.

Submit an official Police Information Check, obtained for employment purposes, to confirm whether a search based on your name and birth date did or did not disclose a record of criminal convictions.

You may request a Police Information Check through the following:

1. SterlingBackcheck (direct link to MyBackCheck located on the College website) - complete an online request for an Enhanced Police Information Check. The MyBackCheck results must be dated within one year of your application.
2. You may also request a Police Information Check at your local city police detachment dated within one year of your application.
3. You may request a Criminal Record Check at your local RCMP or provincial police, dated within one year of your application.

The Police Information Check or Criminal Record Check must be submitted to the College prior to registration.

The purpose for this request is to enable the College to determine whether an applicant has a criminal record and, ultimately, whether there is cause for concern with respect to the safety of the public. If a search does disclose a criminal record, a previous criminal conviction does not automatically exclude you from registration with the College. If you have a criminal record, you must submit an original Summary of Convictions which specifies the date of the conviction, the nature of the conviction and the resultant disposition.

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 of the CDRE, administration 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 Return to Practice Application Form
- Current curriculum vitae/resume
- Police Information Check to be forwarded to the College
- Official Transcripts to be forwarded to the College office
- Internship verification to be forwarded to the College office
- Letters of Employment verification
- Summary and verification of competence activities
- Verification of previous and/or current registration with another dietetic regulatory body
- 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)

The required fee must accompany the application form and is NON-REFUNDABLE. Fee includes 5% GST (GST Registration No. R128396132).

The fee is payable by cheque or money order in Canadian funds only to: College of Dietitians of Alberta. A service fee of \$26.25 will apply to a cheque returned by the bank.

The fee is also payable by credit card. Please complete the Credit Card Payment Form (attached). Payments will be processed as applications are received.

Required fee is:

Application fee (\$105)	Cheque
	Credit card

CREDIT CARD PAYMENT FORM

I authorize the College of Dietitians of Alberta to charge my credit card for the amount stated below.

The personal information collected on this form will be used for the purpose of processing payments. This personal information is being collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this information, contact the College of Dietitians of Alberta, #1320, 10123-99 Street, Edmonton, Alberta, T5J 3H1, Phone: (780) 448-0059.

Please select the fees below to be charged to the provided credit card:

Application Fee

Amount Charged:

**TOTAL Amount to be
Charged:**

Credit Card Information:

Cardholder's Name

Cardholder's Address

Cardholder's Phone #

Visa

Mastercard

Credit Card Number:

Expiration Date:

CVD #:

Cardholder Signature:

Date
(mm/dd/yyyy):

