



**COLLEGE OF DIETITIANS
OF ALBERTA**

Application for Registration (International)

College of Dietitians of Alberta
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Form Last Updated: August 2017

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) if documents were issued under a different name.

Notarized translations must be provided if documents are in a language other than English.

An application form along with the required documentation and fee must be submitted before the application will be reviewed. You will be notified when your application is complete. 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:

COUNTRY:

PHONE NUMBER:

CELL NUMBER:

EMAIL ADDRESS:

RESIDENCY STATUS

Please complete the following:

Are you a Canadian citizen?

Are you a Permanent Resident?

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

Authorization expires on
(mm/dd/yyyy):

INTERNATIONALLY TRAINED APPLICANT SELF-ASSESSMENT TOOL

On the College of Dietitians of Alberta's website under For Applicants - Applications - Internationally Trained Applicant, the College has made a Self-Assessment Tool available for applicants to help decide if they are ready to apply to the College for an eligibility assessment.

Have you completed the online Internationally Trained Applicant Self-Assessment Tool, as found on the College's website?

YES, I have completed the online Self-Assessment Tool.

NO, I have not completed the online Self-Assessment Tool.

ACADEMIC QUALIFICATIONS

Complete list of academic qualifications below. Submit an official academic transcript confirming each degree obtained and the year it was awarded. Transcripts must be sent directly from the educational institution to the College office, or submitted in a sealed envelope bearing the educational institution letterhead. Transcripts must be originals or notarized copies. Please provide the College with University Calendar detailed course descriptions and course outlines to assist in the detailed course review.

NAME OF SCHOOL:

UNDERGRADUATE
DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

NAME OF SCHOOL:

GRADUATE DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

EXTERNAL ACADEMIC ASSESSMENT

Internationally trained applicants must apply to an approved assessment agency for a preliminary assessment of academic credentials. When completing the application, the College recommends requesting a Comprehensive Course by Course Report and request an assessment certificate, original documentation and notarized copies be sent directly to the College.

A listing of the approved assessment agencies along with contact information is found on the College website under Become an RD - Internationally Trained Applicant.

AGENCY SELECTED
FOR ASSESSMENT:

ENGLISH LANGUAGE QUALIFICATION

An applicant whose language of instruction is other than English must provide verification of the result obtained on **EITHER** a Test of English as a Foreign Language (TOEFL); **OR** an International English Language Testing System (IELTS). The verification of the result must be sent directly from the issuing institution to the College, or submitted in a sealed envelope bearing the educational institution letterhead. The verification of result must be current and must be an original document or notarized copy.

VERIFICATION TO BE
PROVIDED:

INTERNSHIP QUALIFICATIONS

Complete list of internship qualifications below. The internship director/coordinator must forward confirmation of successful completion of an internship program, and the date the program was completed. The written confirmation should also outline the total length of program, and the length of time spent in each practice area. The written confirmation should be on letterhead, signed and dated and sent directly from the internship director/coordinator to the College. The College uses the information you submit to determine whether you meet the practice requirements for registration with the College. The decision is based on the information you provide; be sure to submit adequate detail for an assessment of your practice skills.

NAME OF INTERNSHIP
PROGRAM:

INSTITUTION/FACILITY:

CITY:

COUNTRY:

INTERNSHIP
DIRECTOR /
COORDINATOR:

COMPLETION DATE
(mm/dd/yyyy):

TOTAL NUMBER OF
WEEKS COMPLETED
(based on 37.5 hours/week):

Please complete the **INTERNSHIP INFORMATION SUMMARY** document which is posted on the College website and attach to the application form. Please provide as much information as possible.

CURRENCY QUALIFICATIONS

If your qualifications 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 refer to the **CURRENCY OF QUALIFICATIONS INFORMATION** document on the College website for information on documentation to be submitted with your application.

PRACTICAL EXPERIENCE SUMMARY

Please prepare a typed summary of your practical dietetic experience, in point form. Be sure to sign and date the Practical Experience Summary and submit with this application form along with any documentation such as samples, projects, reports you wish to provide for the assessment. Both internship and practical work/volunteer experience may be included.

Please refer to the **PRACTICAL EXPERIENCE SUMMARY INFORMATION AND SAMPLE** document as provided on the College website when preparing the required summary.

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 includes 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.

TEMPORARY REGISTRATION

Following the College review and approval of qualifications, applicants are eligible to write the Canadian Dietetic Registration Examination (CDRE) as a final step towards registration in Alberta. Temporary registration with the College allows candidates to practice and use the protected title “Dietitian” until they have written the CDRE.

Temporary registration is granted from the date the application is approved to 8 weeks following the date of the examination. The temporary practice permit fee is \$236.25 and covers registration with the College for this period of time.

Please do not submit these fees with the application form.

GENERAL REGISTRATION

On successful completion of the CDRE you will be transferred to the General Register of the College 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.

The general practice permit fee is due from the date the temporary practice permit expires to the end of the registration year (March 31). Following the May examination session the general practice permit fee is \$448.88 (July to March), or following the November examination session the practice permit fee is \$149.63 (January to March).

Please do not submit this fee with the application form.

PRIOR/OTHER REGISTRATION

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):

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?

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 found guilty of a criminal offence or an offence under the *Food and Drugs Act (Canada)* or the *Narcotic Control Act (Canada)* or the equivalent in any other jurisdiction?

Have you ever been 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?

If you answered "yes" to any of the above questions, please provide details.

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 International Application Form

Official transcripts to be forwarded to the College

Detailed course descriptions/outlines for completed programs of study to be forwarded to the College

External Academic Assessment (IQAS, WES, CES or other approved agency) to be forwarded to the College

Internship Information Summary document (as found on the College website)

Official Internship verification from program including length of internship to be forwarded to the College

Practical Experience Summary (information and sample format found on College website)

Detailed curriculum vitae/resume

Currency documentation (letters of employment verification, summary and verification of competence activities)

Verification of previous and/or current registration with another dietetic regulatory body

English language verification (either an approved language assessment OR a letter from the educational institution confirming language of instruction was English)

Police Information Check to be forwarded to the College

Marriage certificate (if required)

The required fee must accompany the application form and is NON-REFUNDABLE. Application 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 (\$105.00)

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):

OFFICE USE ONLY

- Required Documents Received
 - Application Form Complete
 - Official Transcripts
 - Detailed Course Descriptions
 - Internship Verification Letter
 - External Assessment (IQAS, WES, CES or other)
 - Practical Experience Summary
 - Resume
 - Letters of employment verification
 - Competence Activities Summary and verification
 - Previous Dietetic Registration verification
 - Language assessment
 - Criminal Record Check
 - Marriage Certificate (if required)

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

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

- Application ready for Assessment
- Application refused
- Other