



**COLLEGE OF DIETITIANS
OF ALBERTA**

Application for Registration (Standard)

College of Dietitians of Alberta
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Form Last Updated: February 2018

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.

An application form along with the required documentation and fees must be submitted before the application will be reviewed. 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:

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. 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.

NAME OF SCHOOL:

UNDERGRADUATE
DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

GRADUATED?

NAME OF SCHOOL:

GRADUATE DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

GRADUATED?

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 be on letterhead, signed and dated and sent directly from the internship director/coordinator to the College office.

NAME OF INTERNSHIP
PROGRAM:

INSTITUTION/FACILITY:

CITY:

COUNTRY:

INTERNSHIP
DIRECTOR /
COORDINATOR:

COMPLETION DATE
(mm/dd/yyyy):

TEMPORARY REGISTRATION

Following the 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.

Supervision Requirement:

Temporary registrants must be supervised by a Registered Dietitian (RD). The requirement is designed to address public safety by providing practice advice and support to individuals in the temporary category until all the requirements for registration with the College, including the Canadian Dietetic Registration Examination, have been completed and the individual becomes a full registrant with the College.

The Registered Dietitian who agrees to be a mentor and provide this supervision should be practicing in an area that is similar to that of the temporary registrant and should be able to undertake this role for the length of the temporary registration. Activity is to include regular weekly communication (in-person, telephone or electronic) between the Registered Dietitian and the temporary registrant to review practice, practice based issues and activities that have been undertaken during the week.

It is the responsibility of the temporary registrant to initiate the weekly communication. If for any reason it is not possible for the Registered Dietitian to continue to provide supervision, the College must be notified immediately by the temporary registrant and be provided with the name of another Registered Dietitian who will continue supervision.

The individual below has agreed to mentor and provide supervision to the applicant while registered with the College of Dietitians of Alberta in the temporary category in accordance with the above requirements.

FULL NAME OF ALBERTA REGISTERED DIETITIAN:

REGISTRATION NUMBER:

EMAIL:

PHONE NUMBER:

SIGNATURE:

DATE
(mm/dd/yyyy):

CANADIAN DIETETIC REGISTRATION EXAMINATION (CDRE)

Once temporary registration has been approved, candidates are pre-registered to write the Canadian Dietetic Registration Examination (CDRE) in the next available examination session. The examination is held over a 6-day period beginning the second Monday in May and the fourth Monday in November. The CDRE fee is \$525.00 and must be submitted to the College prior to registration.

Results

Examination results will be reported to candidates approximately 8 weeks following the date of the examination. Examination results will be released only to the candidate and only in writing.

Please complete the following:

Have you previously
written the CDRE?

If yes, please provide the name of regulatory body you were registered with and the date you wrote the CDRE:

Regulatory body:

Date
(mm/dd/yyyy):

.....

Select the language you
prefer examination
communications in:

.....

Do you have any special
needs/disabilities that
require accommodation?

If you have answered "Yes" please provide details:

.....

Candidates will have the ability to select the exam location when they schedule the CDRE. Once the College has approved Temporary registration, candidates will be provided with information on scheduling the CDRE (must contact Pearson Vue to complete the scheduling process). Candidates may choose to write at a testing centre anywhere in Canada. Seats for the CDRE are available on a first-come first-serve basis therefore you are encouraged to register with the College and schedule the CDRE as soon as possible to ensure a seat is available.

Please indicate whether
you will write the
examination in Alberta:

If "No" is selected, please state which province you will write in:

Please indicate your preferred city of writing:

The complete list of testing centres can be found on the College website under For Applicants - Canadian Dietetic Registration Examination. Please note, the College cannot guarantee that a seat will be available in your preferred city of writing at the time of scheduling.

Your contact information will be shared with the exam testing agencies of Yardstick Assessment Strategies Inc. and Pearson Vue and you will be contacted to complete the scheduling of the CDRE. This information will be collected, used and disclosed according to their privacy policies, and will be subject to U.S. laws, including the USA Patriot Act.

CDRE CANDIDATE DECLARATION TO MAINTAIN CONFIDENTIALITY

The Canadian Dietetic Registration Examination is protected by copyright. All questions are confidential and the property of the Alliance of Canadian Dietetic Regulatory Bodies.

Candidates taking the Canadian Dietetic Registration Examination are prohibited from divulging the content and must not, under any circumstances, share examination information with any person at any time.

Any disclosure or discussion of examination content is prohibited. Candidates who disclose examination content prior to, or at any time following the examination, will be subject to penalty.

Candidates will be observed throughout the examination and contravention of examination protocol (cheating) will result in immediate disqualification and removal from the examination.

Each candidate is responsible for protecting the integrity of his or her answers. If cheating is detected at any time before, during, or after the examination, those involved will be disqualified.

My signature on the application form constitutes my acknowledgement that I have read and understood the above regarding disclosure of examination content and cheating, and that I agree to abide with the provisions contained in it.

SIGNATURE:

DATE
(mm/dd/yyyy):

GENERAL REGISTRATION AND PRACTICE PERMIT INFORMATION

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):

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?

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 questions on the following page:

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 Standard Application Form
- Official transcripts to be forwarded to the College
- Internship verification to be forwarded to the College
- Police Information Check to be forwarded to the College
- Marriage certificate (if required)

All required fees must accompany the application form and are NON-REFUNDABLE. Application and Practice Permit fees include 5% GST (GST Registration No. R128396132). GST is not applied to the CDRE fee.

Fees are 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.

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

Required fees are:

Application Fee (\$105.00)	Cheque Credit Card	Temporary Practice Permit Fee (\$236.25)	Cheque Credit Card
Canadian Dietetic Registration Examination Fee (\$525.00)	Cheque Credit Card		

OFFICE USE ONLY

- Required Documents Received
 - Application Form Complete
 - Official Transcripts
 - Original Letter from University verifying degree requirements have been met (if required)
 - Internship Verification Letter
 - 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 approved: Temporary Register
 - (based on receipt of official transcripts)
- Application refused
- Other

Registrar Signature: _____ Date: _____