



**COLLEGE OF DIETITIANS  
OF ALBERTA**

# **Application for Registration (Labour Mobility)**

College of Dietitians of Alberta  
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*Form Last Updated: November 19, 2018*

## **ELIGIBILITY FOR REGISTRATION**

You will be eligible for registration if you are currently registered, in good standing, with another Canadian Dietetic Regulatory Body who is a signatory to the Labour Mobility Agreement with the College of Dietitians of Alberta and documentation can be provided indicating you meet the requirements for recognition under the Agreement.

## **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. 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:

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## **RESIDENCY STATUS**

Please complete the following:

Are you a Canadian Resident?

Are you a Permanent Resident?

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

Authorization expires on  
(mm/dd/yyyy):

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## **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.** The College will request that your current regulatory body forward official copies of your transcripts and internship verification documents. If they are not available the College will contact you and request that you forward the documentation required.

NAME OF SCHOOL:

UNDERGRADUATE  
DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

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NAME OF SCHOOL:

GRADUATE DEGREE:

MAJOR:

COUNTRY:

YEAR AWARDED:

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**Complete list of internship qualifications below.**

NAME OF INTERNSHIP  
PROGRAM:

INSTITUTION/FACILITY:

CITY:

COUNTRY:

INTERNSHIP  
DIRECTOR /  
COORDINATOR:

COMPLETION DATE  
(mm/dd/yyyy):

## **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.

Participation in the Competence Program of your current regulatory body will be recognized as demonstrating current competence if you have made submissions to the regulatory body within the past year as required or on a voluntary basis.

The College will request confirmation from your current regulatory body of participation in their Competence Program.

### **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:

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SUPERVISOR NAME:

PHONE NUMBER:

EMAIL:

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## **GENERAL REGISTRATION AND PRACTICE PERMIT INFORMATION**

When your application has been approved you will be entered on the General Register of the College and issued a Practice Permit. Registration on the General Register grants full registration and the right to practice in Alberta and use all the protected titles of the College: Registered Dietitian, Registered Nutritionist, Dietitian and the initials RD.

## **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):

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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):

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Are you **currently** 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 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 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 Labour Mobility Application Form
- Current curriculum vitae/resume
- 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. Fees include 5% GST (GST Registration No. R128396132).

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.

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

- after April 1: Application fee \$105 + Practice Permit fee \$598.50 = \$703.50
- after July 1: Application fee \$105 + Practice Permit fee \$448.88 = \$553.88
- after October 1: Application fee \$105 + Practice Permit fee \$299.25 = \$404.25
- after January 1: Application fee \$105 + Practice Permit fee \$149.63 = \$254.63

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
  - Criminal Record Check
  - Marriage Certificate (if required)
  
- Residency Status confirmed
  
- 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: General Register
- Application refused
- Other

Registrar Signature: \_\_\_\_\_ Date: \_\_\_\_\_