Alliance of
Canadian Dietetic
Regulatory Bodies

APPENDIX O

Request for Nullification To request a nullification, completion of this form and payment of the fee is mandatory.

SECTION A: (COMPLETED BY THE CANDIDATE)

Please provide the followi	ing information.	
Date	Registration number (if applicable)	Regulatory body
First name	Last name	
Phone Number	Email address	
Date of Exam	Location of Exam (if applicable)	
detailed explanation. It can	nent you experienced during the examination? (not have been existing/ongoing at the start of to affected your capacity to complete the examination)	he examination. It
*	, consists document is true and consent to the Alliance ing, using, and disclosing my personal information	
Signature	Date	

SECTION B: (COMPLETED BY THE REGULATED HEALTH CARE PROFESSIONAL)

Please outline the nature of the relevant condition(s) and the extent to which the condition(s) would have impaired the Candidate's performance on the examination². The report must include the date of the report and/or assessment, full name, telephone number, and mailing address of the medical professional, and the Candidate's full name. The health care professional is to send the completed form and any indicated supporting documentation directly to the provincial dietetic regulatory body.

Please provide the following information.

Date of Examination	Name of Patient	
Professional Designation/Title	License Number:	
First name	Last name	
Phone Number	Email address	
Office Address		
Detailed description of the impaired ability to complete the exam on the e		have affected the patient's
A description of treatment plan.		
A description of treatment plan.		

² The purpose of the Canadian Dietetic Registration Examination (CDRE) is to assess the competency of dietitian candidates to determine a candidate's eligibility to practise. As such, the CDRE is defined as a high-stakes assessment. The CDRE is a computer-based exam taken over a four-hour period. The CDRE is either administered by remote proctoring in a virtual format or in a testing room with other writers.

Name:	Date:
Signature:	

Your request should be sent via email (*please note when sending via email documents must be password protected*) to: Regulatory Bodies email address (Regulator bodies please add in your email)