

ALL sections of this form must be completed and all documentation must be received by the College before application is processed.

**GENERAL INFORMATION:**

*Legal Surname:  (name on your official documents, e.g. birth certificate, passport)	*Previous Surname(s):
*Legal Given Name:	*Legal Middle Name
Do you use the legal name given above when you practice dietetics? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, provide the name you use when you practice:	
Date of birth:      dd:    mm:    yy:	

**HOME MAILING ADDRESS:**

Street/Apt:			
City:	Province:	Postal Code:	
Country:	Phone:		
Email:			
A valid email address is essential. The College uses email to communicate information to members. You also need a valid email address to retrieve your password to your profile account on the College website. In order not to miss out on important emails from the College, we suggest that your email security settings allow mass emails from the College.			

**AUTHORIZATION TO WORK IN CANADA**

- Canadian Citizen
- Permanent Resident
- Temporary Resident – (for applicants who are not Canadian citizens or permanent residents. Please enclose a copy of your work permit)

**AUTHORIZATION TO COMMUNICATE VIA EMAIL**

To speed up the processing of your application, you may authorize CDM to send an electronic copy of your official letters to you by email in PDF format. Originals will be sent in the mail. Because email is not a secure means of communication, the College must have your consent to send official correspondence by email.
<input type="checkbox"/> I authorize CDM to forward electronic copies of official correspondence by email.

\*The information requested on this form is collected for evaluating your application for registration. Once an individual becomes a member of the College, the information marked with an asterisk (\*) on this application form is made publicly available. For more information about the College's information and privacy practices, please contact the College or visit the CDM website, [www.manitobadietitians.ca](http://www.manitobadietitians.ca).

*Prior to completing your application, we recommend reading over the Application Guide for Internationally Educated Dietitians.*

**PART A: ACADEMIC PREPARATION:**

*The following documents must be sent directly to CDM from the University of Institution:*

- 🍏 Credential assessment (sent directly from WES or IQAS or University of Toronto)
- 🍏 Official Transcripts (sent directly from the University OR notarized OR sent by WES-ICAP services)

*The following documents can be emailed and/or sent to the College by you:*

- 🍏 Course descriptions of all courses as they appear on your transcript
- 🍏 A copy of each degree or certificate of graduation

Please complete the following:

Undergraduate Degree:	
University:	City:
Year of Completion:	Country:

*If you have more than one degree or a graduate degree, please complete the following:*

Undergraduate Degree:	
University:	City:
Year of Completion:	Country:

Graduate Degree:	
University:	City:
Year of Completion:	Country:

**PART B: PRACTICAL TRAINING IN DIETETICS**

*The following documents must be sent directly to CDM from the University of Institution:*

- 🍏 Official transcript showing/confirming that practical training (internship/practicum) was complete as part of your undergraduate degree (sent directly to CDM by the University of internship program or notarized copies)
- 🍏 A letter from your education program director that says your program contains experience in:
  - Clinical/Therapeutic Nutrition
  - Food Services Administration
  - Community Health
  - Was supervised by a registered dietitian

- 🍏 A graduation certificate from a dietetic internship or practicum training. This certificate must be sent directly from the from the University, program to the College office. We will accept notarized copies.

*The following documents can be emailed and/or sent by mail to the College from you:*

- 🍏 A detailed summary of your internship/practicum education program.
- 🍏 Practical Experience Summary. This form can be downloaded from the website (**ask Rhonda to place this form on the website**)

*Please complete the following:*

Name of Dietetic Internship/Practicum Program:	
Location:	
Year of Completion:	
Name of Program Director:	
Number of total hours of program:	

### **PART C: LANGUAGE PROFICIENCY**

- 🍏 Certified copy of language proficiency test results sent to CDM. The College accepts results from: TOEFL, IELTS, CanTEST and CLB. Scoring requirements can be found in the Internationally Educated Application Guide.

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**NAME CHANGE:** If your official transcripts are under a different name than the one you are currently using, **your must** enclose proof of your change in name with this application (e.g. document showing your old name (i.e. marriage certificate) and a government issued ID showing your current name (i.e., driver's license, passport)

### **GOOD CHARACTER AND GOOD CONDUCT**

The purpose of these questions is to provide the Registrar and/or Board of Assessors with information about whether an applicant is of good character and will practice dietetics in a safe and ethical manner.

You must answer all questions. If you answer 'yes' to any of the questions below, please attach a separate sheet describing the specific situation, dates and the nature of the findings/conclusions. You may be asked to provide additional documentation.

	Yes	No
<b>1. Have you previously been registered with CDM?</b>	🍏	🍏
a. If yes, please provide your CDM registration number _____		

**2. Have you ever been licensed/registered with a professional regulatory body (for dietetics or any other profession in Manitoba, or any other province, territory, state or county)?**       Yes       No

a. If yes, please provide details about your registration/license:

Name of Regulatory/Licensing Body	Initial Registration Date:	Expiry date of most recent registration

I hereby provide consent to the College of Dietitians of Manitoba to contact the regulatory/licensing bodies listed above, to verify my registration and record of safe and ethical conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Yes      No

**3. Have you ever been refused for registration with a body that is responsible for the regulation of a profession, either within or outside of Canada?**       Yes       No

Yes      No

**4. Have you applied to another Canadian dietetic regulatory body?**       Yes       No

If yes, was your application refused?       Yes       No

If yes, please explain:

**INFORMATION OF LEGAL ACTIVITY**

1	Have you plead guilty to or been convicted of an offence under the Food and Drug Act (Canada), the Controlled Drugs and Substances Act (Canada), the Criminal Code (Canada), or any other federal or provincial statute?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Have you plead guilty to or been convicted of an offence under any statute of a jurisdiction other than Canada?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been found guilty of professional misconduct or found to have been incompetent or incapable in relation to the practice of dietetics or any profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Are you the subject of any current proceedings for professional misconduct, incompetence or incapacity?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you have any addiction, condition (medical or otherwise) or other circumstances, which compromise your ability to practice dietetics?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### CRIMINAL RECORD CHECKS

The College of Dietitians of Manitoba requires the following checks:

1. Criminal Record Check with Vulnerable Sector Search
2. Adult Abuse Registry Check
3. Child Abuse Registry Check

Original documents must be received at the College office before we can register you. If you require original copies returned to you, please check off this box . For more information about document requirements, please refer to the Internationally Educated Application Guide.

### PROOF OF IDENTITY

Please provide the College with a copy of proof of identity and legal last name (ie. Passport or photo identification)

### CURRENT EMPLOYMENT

Position Title:		
Organization:		
Employment Start Date:		
Employment Address:		
City:		Postal Code:
Work Phone:	Work Fax:	Work Email:
Employment Status:	full-time: <input type="checkbox"/>	Part-time: <input type="checkbox"/> Self-employed: <input type="checkbox"/> Not employed: <input type="checkbox"/>

**Please provide the College with a copy of your current resume.**

### DATE AND SIGN YOUR APPLICATION:

I certify that the information contained in this application is true and I acknowledge and understand that:

- If an applicant is found to have made a false or misleading statement or an omission or misrepresentation on their application, any certificate of registration issued to them will be deemed invalid.
- I may not use the title "Dietitian" until the College has confirmed that I am registered as a member of the College of Dietitians of Manitoba.
- I must notify the College, *within 30 days*, if there are any changes to the information provided on this form.

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

**APPLICATION FEES:**

Application Fee:	\$80.00
Academic Assessment Fee:	\$250.00
Internship/Practicum Assessment Fee:	\$250.00
Both:	\$400.00

Applications can be mailed to:

The College of Dietitians of Manitoba  
36-1313 Border Street  
Winnipeg MB R3H 0X4