

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:	
Phone:	Fax:		
Preferred 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 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.
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**AUTHORIZATION TO WORK IN CANADA**

- Canadian Citizen
- Permanent Resident
- Temporary Resident – Enclose a copy of your work permit or visa

\*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.collegeofdietitiansmb.ca](http://www.collegeofdietitiansmb.ca).

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

Required Documents	Degree/Program Name	Name of University/Country	Duration and/or Year of Completion
ACADEMIC PREPARATION <input type="checkbox"/> Official transcripts for each degree sent directly to CDM from the University or notarized copies <input type="checkbox"/> Copy of your degree	1.	1.	1.
PRACTICAL TRAINING IN DIETETICS: <input type="checkbox"/> Official letter sent directly to CDM from a Canadian accredited internship program <input type="checkbox"/> Pass Results of the CDRE	2.	2.	2.

**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 _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>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)?</b> a. If yes, please provide details about your registration/license:	<input type="checkbox"/>	<input type="checkbox"/>

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

	Yes	No
<b>3. Have you previously written the Canadian Dietetic Registration Examination?</b>	<input type="checkbox"/>	<input type="checkbox"/>
a. Date: _____ Results: _____		
Please include all attempts:		

	Yes	No
<b>4. 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?</b>	<input type="checkbox"/>	<input type="checkbox"/>

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

**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 copies must be received at the College office before we can issue you a license. If you require your original copies returned to you, please check off this box .

**PROOF OF IDENTITY**

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

**NAME CHANGE:** If your official transcripts or internship verification 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)

**PROFESSIONAL LIABILITY INSURANCE**

Are you engaged in the practice of dietetics as per the Scope of Practice? Scope of Practice can be found under ‘About Us’ > ‘Acts and Regulations’ > <i>The Registered Dietitians Act (Part 2)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, you are required to have insurance in the amount of \$5,000,000. Where do you receive your insurance?	<input type="checkbox"/> Employer	<input type="checkbox"/> Private Coverage

**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"/>		
<b>Area of Practice (choose one):</b>	<b>Type of Employment (choose one)</b>	
<input type="checkbox"/> Clinical <input type="checkbox"/> Administrative <input type="checkbox"/> Community <input type="checkbox"/> Consultant	<input type="checkbox"/> Business/Industry <input type="checkbox"/> Hospital – Acute Care <input type="checkbox"/> Hospital – Chronic Care <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Private Practice <input type="checkbox"/> Public Health <input type="checkbox"/> Government <input type="checkbox"/> Education Facility
<input type="checkbox"/> Other – please specify:		

**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.
- Aggregate exam results will be used for statistical purposes.

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

**APPLICATION FEES:**

Application Fee:      \$80.00

Applications can be emailed to:

office@collegeofdietitiansmb.ca

OR

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