

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

GENERAL INFORMATION:

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|---|-----------------------|
| *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

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| 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.

MPP Program Graduates:

If you already registered with the College as a dietetic intern, and you have successfully completed internship, the College would have your official transcripts, criminal, adult and child abuse registry checks and proof of identity. The College requires verification that you have successfully completed a Canadian accredited internship program. A letter will be sent directly to the College from MPP once your final interview is complete.

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 | 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.

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| <p>1. Have you previously been registered with CDM? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a. If yes, please provide your CDM registration number _____</p> |
| <p>2. Have you ever been licensed/registered with a professional regulatory body (for dietetics or for another profession) in Manitoba, or any other province, territory, state or county? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details about your registration/licence:</p> |

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

3. Have you previously written the Canadian Dietetic Registration Examination? Yes No

Date: _____ Results: _____

Please include all attempts:

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? Yes No

5. Do you have any addiction, condition (medical or otherwise) or other circumstance, which compromises your ability to practice dietetics? Yes No

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"/> |

BACKGROUND CHECKS

The College of Dietitians of Manitoba requires the following documents:

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 an GD licence. 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 other 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. birth certificate or marriage certificate) and a government issued ID showing your current name (i.e., driver’s licence, passport)

PROFESSIONAL LIABILITY INSURANCE

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| 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

Please provide the College with a copy of your current resume via email or regular mail.

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| 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"/> | | |
| Area of Practice: | Type of Employment: | |
| <input type="checkbox"/> Clinical <input type="checkbox"/> Administrative <input type="checkbox"/> Community <input type="checkbox"/> Other – please specify: | <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"/> Consultant <input type="checkbox"/> Other – please specify: | |

GRADUATE DIETITIAN LICENCE:

A graduate dietitian licence is required to write the next *Canadian Dietetic Registration Examination (CDRE)*. It also allows you to work in the capacity of a dietitian. You may use the title Graduate Dietitian. Upon a notification of a pass result of the CDRE, you will be issued a Registered Dietitian licence and may use the title Registered Dietitian (RD).

CDRE INFORMATION:

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|---|---|
| Please indicate which exam you would like to write: | <input type="checkbox"/> November exam <input type="checkbox"/> May exam |
| I prefer to write in: (choose the language in which you are more proficient) | <input type="checkbox"/> English <input type="checkbox"/> French |
| I will be writing the exam in Manitoba | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have any special needs which need to be accommodated? If you indicate yes, the College will contact you for more details. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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 “Graduate 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: Subject to a prorated fee, please call the College for your fee or register online and pick the month which you require registration. The expiry date of registration is March yearly.

Applications can be emailed to:

College of Dietitians of Manitoba
office@collegeofdietitiansmb.ca

OR

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