

# College of Dietitians of British Columbia

Suite 409 – 1367 West Broadway, Vancouver, BC V6H 4A7

Telephone: (604) 736-2016 • Facsimile: (604) 736-2018 • Email: [info@collegeofdietitiansbc.org](mailto:info@collegeofdietitiansbc.org)

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## Application for Registration

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Reg10/Register/Forms/Revised Appl. for Reg July 1 2010 final

### 1) Registration Class

Please check (✓):  Full Registration;  Temporary Registration

### 2) Personal Information

**Date of Birth: (yyyy/mm/dd)**  Your date of birth is a mandatory information requirement.  
(Note: this information is required for the CDBC Continuing Competence Program as well as statistical purposes, for planning dietitian/population ratios).

Salutation: (Please check (✓) one of the following:)  Miss;  Mrs;  Ms;  Mr;  Dr.

Surname:  Given name(s):

Former Name/Surname(s) (if applicable):   
*Name change documentation must be attached to this application form, if relevant.*

Home Address:   
No. Street City Province Postal Code

Telephone: (  )  Alternate Telephone: (  )

Facsimile: (  )  Email Address:

**Electoral Region is:** (Please check one)

Vancouver Coastal  Fraser  Vancouver Island  \*Interior  \*Northern

**(\*For CDBC election purposes, Interior and Northern Health regions are combined)**

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### 3) Primary Workplace:

**Facility Name:(NOT Health Authority)**

Business Address:   
No. Street City Province Postal Code

Business Telephone: (  )  Email Address:

Please use the following mailing address for regular College correspondence (circle): Home or Business

#### Employment Status:

Full-time with one employer (at least 36 hours per week)

Full-time with more than one part-time position (totaling at least 36 hours per week)

Part-time (less than 36 hours per week)

Casual

Temporary (full-time or part-time)

Not practicing dietetics at this time

Other

**Scope of practice area (note: choose your main scope area for this workplace)**

- Clinical (Acute, Long Term Care, Residential Care, Ambulatory or Outpatient Clinic) \_\_\_\_\_
- Public Health/Community) \_\_\_\_\_
- Administration (Sole charge, Manager, Supervisor, Director, etc) \_\_\_\_\_
- Education \_\_\_\_\_
- Research \_\_\_\_\_
- Sales, Marketing, Retail \_\_\_\_\_
- Private Practice \_\_\_\_\_

**Secondary Workplace: Facility name, address and phone number (Not Health Authority)**

Facility Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Postal Code \_\_\_\_\_ Phone \_\_\_\_\_

**Scope of practice area (note: choose your main scope area for this workplace)**

- Clinical (Acute, Long Term Care, Residential Care, Ambulatory or Outpatient Clinic) \_\_\_\_\_
- Public Health/Community) \_\_\_\_\_
- Administration (Sole charge, Manager, Supervisor, Director, etc) \_\_\_\_\_
- Education \_\_\_\_\_
- Research \_\_\_\_\_
- Sales, Marketing, Retail \_\_\_\_\_
- Private Practice \_\_\_\_\_

**4) Dietetic Education Program (Academic)**

Degree(s) Attained	Education Institution	Prov./State	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____

*Original transcript(s) for all education relating to your qualification to practice dietetics must be forwarded directly to the College from the education institution.*

**5) Practical Training Program (Internship / Practicum)**

Program \_\_\_\_\_ Completion Date \_\_\_\_\_

*Original proof of successful completion of your practical training program must be forwarded directly to the College from the practicum training provider.*

**6) CDBC Approval of Education and Practical Training**

Please check (√) one of the following:

- My education and practical training programs are listed in Schedule E as approved by the CDBC Board in accordance with the bylaws.  
OR
- I am applying to have my education and practical training assessed for substantial equivalency to the Schedule E programs.

## 7) Canadian Dietetic Registration Examination

Please check (√) the statement(s) that applies:

- I successfully completed the Canadian Dietetic Registration Examination (CDRE) on \_\_\_\_\_.  
OR \_\_\_\_\_ Date
- I have not completed the examination and am applying for Temporary Registration \_\_\_\_\_
- I have written the CDRE unsuccessfully on: \_\_\_\_\_, \_\_\_\_\_  
Date Date

*Verification of successful completion of the CDRE must be forwarded directly to the College by the testing agency or from a Canadian dietetic regulatory authority where previously registered.*

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## 8) Good Character Evidence

Applicants must demonstrate good character consistent with the responsibilities of a registrant and the standards expected of a registrant by completing the following actions:

- I have fully completed the Application for Registration form, including the Statutory Declaration;
- I have never worked as a Dietitian
- I have worked as a Dietitian and have arranged for a letter of Good Standing to be sent directly to the CDBC office from all current or previous jurisdictions (Please list all previous provinces, states, Countries where you have worked as a Dietitian):

Province/State/Country

Initial registration date

Expiry date

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- I have also applied for registration to colleges in the following provinces/states/Countries:

\_\_\_\_\_

- I have a restriction on my registration/licence in my current province/state/Countries

\_\_\_\_\_

## 9) Criminal Records Search Authorization

- In accordance with the *Criminal Records Review Act*, my completed Criminal Records Search Authorization form and payment are attached.

\_\_\_\_\_

## 10) Application for Restricted Activities

- I am applying to practice Restricted Activities and have attached completed Appendices 1 and 2, submitted required documents as outlined in Appendix 1, and paid the additional fees.  
OR
- I am not applying to practice Restricted Activities at this time.

**Insertion of Feeding Tubes:**

**You must be registered with Restricted Activities A and C to insert feeding tubes.**

Annual declaration is required. Please complete Appendix A or B declaration form which can be downloaded from our website, Legislation tab, Policies, Quality Assurance-Patient Relations Committee, Practice Guidelines - Standards for Insertion of Nasal/Oral Feeding Tubes.

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**11) Payment of Fees**

- o I have enclosed a cheque or money order for payment of the Initial Application fee and the Initial Registration Fee (**½ year registration fee available from October 1<sup>st</sup> @ \$300.00**)  
 I understand that I must renew my registration annually by the March 31<sup>st</sup> deadline by completing the Registration Renewal form (online) and paying the \$525 Annual Registration Renewal fee. Restricted Activities must be renewed annually and proof of competence provided (Appendices 1 and 2).

*Summary of fees:*

	<b>Fee</b>		<b>Amount enclosed</b>
Initial Application Fee	\$250.00		
Initial Registration Fee (annual)	\$525.00		
<b>or: ½ year registration fee available after October 1<sup>st</sup></b>	<b>After Oct 1<sup>st</sup></b>	\$300.00	
Restricted Activities (Appendices 1 and 2)	(a)	\$35.00	
	(b)	\$35.00	
	(c)	\$35.00	
	(d)	\$35.00	
			<b>Total:</b>

Please enclose a cheque in Canadian funds payable to the College of Dietitians of British Columbia.

**Protection of Privacy**

All information gathered by the CDBC is collected, used and disclosed according to requirements in the *Freedom of Information and Protection of Privacy Act (FOIPPA)*. Information in the database is secure and security is monitored. Data provided to outside agencies, such as the Canadian Institute for Health Information and Human Resources Development Canada, is provided in aggregate form; individual identities are not disclosed.

If you have any questions regarding the College's protection of your information, please contact the Registrar.

**12) Statutory Declaration**

*To be completed in the presence of a Notary Public or Commissioner for the Taking of Affidavits*

**CDBC Bylaws - Form 1  
Statutory Declaration (Part IV)**

CANADA PROVINCE OF BRITISH COLUMBIA IN THE MATTER OF AN APPLICATION FOR  
REGISTRATION IN THE COLLEGE OF DIETITIANS

I, \_\_\_\_\_ of \_\_\_\_\_ in \_\_\_\_\_  
(name) (city) (province and country)  
do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:

\_\_\_\_\_  
\_\_\_\_\_

2. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.

3. I am a person of good character.

4. My entitlement to practice dietetics is not or has never been limited, restricted or subject to conditions in any province, state, or country at any time except as follows:  
(list province, state or country, restriction, date(s))

\_\_\_\_\_  
\_\_\_\_\_

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which would result in the suspension or cancellation of my authorization to practise dietetics in that jurisdiction except as follows:

\_\_\_\_\_  
\_\_\_\_\_

6. I have read the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Dietitians made pursuant to the Act. ([www.collegeofdietitiansbc.org](http://www.collegeofdietitiansbc.org) Legislation tab)

7. I will practise at all times in compliance with the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Dietitians made pursuant to that Act.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**CERTIFICATION OF NOTARY PUBLIC**

DECLARED before me at \_\_\_\_\_, in the Province of \_\_\_\_\_  
(city)

this \_\_\_\_\_ day of \_\_\_\_\_,  
(day) (month) (year)

**Must be declared before a Notary Public or Commissioner for Taking Affidavits currently registered, licensed or commissioned in a Canadian jurisdiction.**

\_\_\_\_\_  
Name and contact info must be noted

\_\_\_\_\_  
Signature of Notary Public or Commissioner for Taking Affidavits

**Mail your complete application and enclosures to:**

**The College of Dietitians of British Columbia  
 Suite 409 – 1367 West Broadway  
 Vancouver, BC V6H 4A7**

### Application Checklist

For your convenience, a checklist has been included for each class of registration.

#### Full Registration Applicants:

Item #	Description
2	Name change documentation attached, if relevant
4	Original transcript sent from education institution
5	Original proof of practical training program sent from practicum provider
6	Confirmed education and practical training approved in Schedule E completed
7	Verification of successful completion of the CDRE sent from testing agency or regulatory body
8	Application form fully completed
8	Letter(s) of good standing sent from each previous or current jurisdiction of registration (if applicable)
9	Consent to a Criminal Records Search form completed and attached
9	Ministry of Finance payment of \$20 attached – money order or credit card form, <u>not</u> personal cheque
10	If applying for Restricted Activities, Appendices 1 and 2 completed and attached
11	Cheque payable to the College of Dietitians of BC attached: \$250 initial registration; \$525 annual registration fee (or \$300 from October 1 <sup>st</sup> ); Restricted Activities fee(s) of \$35 per restricted activity
12	Statutory declaration complete
12	Statutory declaration completion certified by a Notary Public or Commissioner for taking Affidavits currently registered, licensed or commissioned in a Canadian jurisdiction and must include their contact information (business card or stamped with contact info)

#### Temporary Applicants:

Item #	Description
2	Name change documentation attached, if relevant
4	Original transcript sent from education institution
5	Original proof of practical training program sent from practicum provider
6	Confirmed education as listed in Schedule E and graduation from an accredited Canadian internship/program of practical training completed
8	Application Form fully completed
8	Letter(s) of good standing sent from each previous or current jurisdiction of registration (if applicable)
9	Consent to a Criminal Records Search form <b>completed and attached</b>
9	Ministry of Finance payment of \$20 attached – money order or credit card form, <u>not</u> personal cheque
10	If applying for Restricted Activities, Appendices 1 and 2 completed and attached (as applicable)
11	Cheque payable to the College of Dietitians of BC attached: \$250 initial registration; \$525 annual registration fee (or \$300 from October 1st); Restricted Activities fee(s) of \$35 per restricted activity
12	Statutory declaration complete
12	Statutory declaration completion certified by a Notary Public or Commissioner for Taking Affidavits currently registered, licensed or commissioned in a Canadian jurisdiction and must include their contact information (business card or document stamped with contact info).