

## APPENDIX “B”

### Declaration of Certification for Post-pyloric (nasoro) Feeding Tube Insertion

**Declaration by Registrant:**

I meet the approved CDBC standards for

- Gastric (nasoro) and post-pyloric (nasoro) feeding tube insertion

and understand that in order to meet the requirements in section 6 of the Dietitians Regulation; I will only act under delegated authority of a medical practitioner and in accordance with these standards. I have developed the combined knowledge, skill, attitude and judgment required for the competent insertion of gastric and post-pyloric (nasoro) feeding tubes. I understand that I must maintain the required competencies (knowledge, skill, judgment, and attitude). This includes the insertion of 10 feeding tubes per 6-month period. I am currently registered with Restricted Activities (a) and (c).

Name (print): \_\_\_\_\_

CDBC registration number: \_\_\_\_\_

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

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

**Declaration by Physician or Qualified Delegate:**

(To be completed by a physician or qualified delegate who is knowledgeable about the individual's ability to insert gastric and post-pyloric (nasoro) feeding tubes.)

I verify that the Registered Dietitian named above competently inserts gastric and post-pyloric (nasoro) feeding tubes and meets the standards set by the CDBC and the CPSBC as stated in this document.

Name (print): \_\_\_\_\_

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

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

**Declaration by Employer:**

(To be completed by Nutrition Department Head, Program Head, or equivalent position.)

I am aware that the RD named above has been deemed competent to insert gastric and post-pyloric (nasoro) feeding tubes.

Name (print): \_\_\_\_\_

Regulatory College of professional signing below: \_\_\_\_\_

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

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