

Application to Practice Restricted Activities

Restricted Activities are those elements of a profession's scope of practice that represent a significant risk of harm to the public. They are restricted to those professions that are specifically qualified to perform such activities. Aspects of the CDBC Restricted Activities overlap with Registered Nurses, Pharmacists and Physicians.

If you practice any or all of the Restricted Activities in your current place(s) of employment, or plan to in a new place of employment, you must apply for the Restricted Activities and provide proof of competency to perform the Restricted Activities.

Please check (✓) each Restricted Activity you are applying for:

Description	Fee
<input type="checkbox"/> (a) design, compound or dispense therapeutic diets where nutrition is administered through enteral means	\$35
<input type="checkbox"/> (b) design therapeutic diets where nutrition is administered through parenteral means	\$35
<input type="checkbox"/> (c) administer a substance to a person by instillation through enteral means	\$35
<input type="checkbox"/> (d) administer a substance to a person by instillation through parenteral means	\$35
Total Restricted Activity Fee	\$ _____

Definitions:

- "design" means the selection of appropriate products or ingredients for parenteral or enteral nutrition;
- "compound" means to mix ingredients for enteral nutrition;
- "dispense" means to fill a prescription for enteral nutrition;
- "administer" means to physically deliver enteral or parenteral nutrition by instillation.

Please identify your proof of competence to practice the Restricted Activities:

- National Board of Nutrition Support Certification (NBNSC) established by (ASPEN)
Date completed: _____
A copy of your NBNSC (CNSC Certification) must be faxed to CDBC to be kept on file.
- University of Virginia Nutrition Support Traineeship
Date completed: _____
A copy of the Traineeship certificate must be faxed to CDBC to be kept on file.
- Internship program within the past 3 years
Name of program: _____ Date completed: _____
- Completion of a program of practical experience within the past 3 years
Name of program: _____ Date completed: _____
Original verification of practical training must be on file.
- On-the-job training within the past 3 years
Name of supervising dietitian: _____ Date completed: _____
Original verification from the supervising dietitian must be submitted or on file.
- Signed verification of current competence (required annually). Complete Appendix 2 (Verification of Current Competence to Practice Restricted Activities) and submit by fax or mail.

Note: Verification from health professionals regulated under similar Acts in other Canadian jurisdictions is also acceptable.

Signature of applicant

Printed name of applicant

Date