

College of Dietitians of British Columbia

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Reinstatement Application Form

Reg08/Forms/Reinstatement App Fm – Feb 25 2009

Instructions

Please download this Reinstatement Application Form and applications to Practice Restricted Activities (Appendix 1 and 2 as applicable), as well as the “Guide to the Continuing Competence Requirement for Reinstatement”, complete the forms and mail them with a cheque made payable to the College of Dietitians of BC. Alternatively, the forms may be completed and faxed to the College and the fees paid by credit card. The College will contact you if further information is required.

Eligibility

In accordance with section 53(1) of the bylaws, a former CDBC registrant whose registration is not suspended or cancelled due to a discipline action and who has been out of practice for less than 3 years may be restored to the full register by the Registration Committee where the registrant:

- (a) provides proof of meeting the CDBC’s quality assurance/continuing competence program, and
- (b) has delivered to the registrar:
 - i) a signed application for reinstatement, and
 - ii) the registration renewal fee specified in Schedule “D” of the bylaws.

Practice

You may not practice dietetics or use the title “dietitian” until your application for reinstatement is approved by the College’s Registration Committee. You will be notified when your reinstatement is approved.

Restricted Activities

You must be registered with Restricted Activities in order to legally practice them. Please complete section 3 and Appendices 1 and 2 as applicable, and forward the forms, required documents and fees to the College with your Reinstatement Application form.

Timing

Review of an application for reinstatement may take more than three months. Applicants are advised to submit complete documentation approximately six months before the date they plan to return to work.

1) 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 (1) one of the following) _____ Miss; _____ Mrs; _____ Ms; _____ Mr; _____ Dr.

Surname: _____ Given name(s): _____

Home Address: _____
No. Street City Province
Postal Code

Telephone: (_____) _____ Alternate Telephone: (_____) _____

Email Address: _____

2) Criteria for Reinstatement:

- Date(s) of former registration with the CDBC: _____
- Registration suspended or cancelled due to discipline action: _____ Yes; _____ No
- Last date of practice as a dietitian: _____
- Proof of meeting the CDBC’s quality assurance program: Submit documents included in the “Guide to the Continuing Competence Requirement for Reinstatement”. Note: Please read the Guide carefully – incomplete documents will be returned to you. Completion may take several hours.
- Fees:
 - The full year registration fee of \$500 is required if you apply for reinstatement between April 1 and September 30.
 - The half-year registration fee of \$250 is required if you apply for reinstatement between October 1 and March 31.
 - The Restricted Activity fee is \$25 per Restricted Activity, full year or half-year.

3) Application for Restricted Activities

Please check one of the options below:

- I am applying to practice restricted activities and have attached completed Appendices 1 and/or 2 (as applicable), submitted required documents as outlined in Appendix 2, and paid the additional fees.
- OR
- I am not applying to practice restricted activities at this time.

4) Payment of Fees

Please check one of the options below:

- I have enclosed a cheque or money order in Canadian funds payable to the College of Dietitians of British Columbia for payment of the Reinstatement and Restricted Activities fees.
- I have provided Visa or MasterCard credit card information for payment of the fees.

Summary of fees:

	<i>Fee</i>		<i>Amount enclosed</i>
Full year Reinstatement fee (before Oct 1)	\$500.00		
Half-year Reinstatement Fee (after Oct 1)	\$250.00		
Restricted Activities (Appendices 1 and/or 2 are attached)	(a)	\$25.00	
	(b)	\$25.00	
	(c)	\$25.00	
	(d)	\$25.00	
			Total:

- Visa MasterCard

Credit Card Number: _____ Expiry Date: _____

Signature: _____ Date: _____

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.

5) Declaration

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 incompetence 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 has not been limited, restricted or subject to conditions in any jurisdiction at any time except as follows:

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 practice 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.

7. I will practice 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

6) Criminal Records Search Authorization

- o In accordance with the *Criminal Records Review Act*, my completed Criminal Records Search Authorization form and processing fee are attached. (Payment may only be made by certified cheque, or money order and is made payable to the Minister of Finance. Payment can also be made by completing the Application for Pre-authorized CREDIT CARD Usage form.

CHECKLIST for Applicant

- I have completed all the applicable sections clearly and legibly.
- I have read and understand the Consent for Release of Information and Acknowledgements and information regarding the Freedom of Information and Privacy Act (FOIPPA) – (outlined below).
- I have signed and dated the Consent for Criminal Record Check form.
- Payment: **I have provided the \$20 processing fee (non-refundable) by:**
 - 1) Visa or MasterCard – and have completed the Credit Card Usage Form
 - 2) Certified cheque or money order made payable to the Minister of Finance
- I understand that the College of Dietitians of British Columbia (CDBC) will retain the originals of the forms I have completed and will forward a copy with the processing fee to the Criminal records Review Program on my behalf.

CONSENT FOR RELEASE OF INFORMATION AND ACKNOWLEDGEMENTS PURSUANT TO THE B.C. CRIMINAL RECORDS REVIEW ACT

- I hereby consent to a check for records of criminal convictions to determine whether I have a conviction or outstanding charge for any relevant offences under the Criminal Records Review Act;
- Where the results of this check indicate that a criminal record or outstanding charge for a relevant offence may exist, I agree to provide my fingerprints to verify any such criminal record.
- The Deputy Registrar will notify me and my organization that I have an outstanding charge or conviction for any relevant offence(s) and the matter has been referred to the Deputy Registrar;
- The Deputy Registrar will determine whether or not I present a risk to physical or sexual abuse to children;
- The deputy Registrar's determination will be disclosed to my organization and it will include consideration of any relevant offence for which I have received a pardon;
- If I am charged with or convicted of a relevant offence at any time subsequent to the criminal record check authorized herein, I further agree to report the charge or conviction to my organization and provide my organization, in a timely manner, with a new signed Consent to a Criminal record Check form.

FREDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIPPA): The information requested on this form is collected under the authority of the Criminal Records Review Act and in the case of child care facilities, the Community Care Facility Act, and the regulations which govern both these acts. The information provided will be used to fulfill the requirements of the Criminal Records Review Act for the release of criminal records information and is in compliance with the FOIPPA.

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	\$25
<input type="checkbox"/> (b) design therapeutic diets where nutrition is administered through parenteral means	\$25
<input type="checkbox"/> (c) administer a substance to a person by instillation through enteral means	\$25
<input type="checkbox"/> (d) administer a substance to a person by instillation through parenteral means	\$25
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:

- American Society of Parenteral and Enteral Nutrition (ASPEN) Certification
Date completed: _____
An original or notarized copy of your ASPEN Certification must be submitted or on file.
- University of Virginia Nutrition Support Traineeship
Date completed: _____
An original or notarized copy of the Traineeship certificate must be submitted or 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

Verification of Current Competence to Practice Restricted Activities

Please print, complete and submit by mail or fax to the CDBC
Suite 103, 1765 West 8th Avenue, Vancouver, BC V6J 5C6 or fax to 604.736.2018

Reminder: This form is not required from registrants who completed an approved internship program less than 3 years ago. After 3 years, Appendix 2 is required annually to practice Restricted Activities.

Name of applicant: _____

In my professional opinion, the above named applicant currently practices the following Restricted Activities in a competent manner and the registrant does not pose a risk of harm to the public.

Please check (✓) the Restricted Activities that the above named applicant is currently competent to practice:

- _____ (a) design, compound or dispense therapeutic diets where nutrition is administered through enteral means
- _____ (b) design therapeutic diets where nutrition is administered through parenteral means
- _____ (c) administer a substance to a person by instillation through enteral means
- _____ (d) administer a substance to a person by instillation through parenteral means

Signed verification of current competence is required annually. Signatures may be obtained from two supervising or peer registered health professionals, including registrants of the College of Dietitians of BC, College of Registered Nurses of BC or professionals legislated under the *Medical Practitioners Act* or *Pharmacy Act*. Verification from health professionals regulated under similar Acts in other Canadian jurisdictions is also acceptable.

It is a serious offence to sign this form if you are not confident the dietitian named above is currently competent to practice the indicated Restricted Activity(ies) or if you are not familiar enough with the daily practice of the indicated Restricted Activity(ies) to verify the dietitian's competence.

First verification signature:

Signature

Printed Name

Date

Professional designation

Name of Regulatory Authority & Registration number

Second verification signature:

Signature

Printed Name

Date

Professional designation

Name of Regulatory Authority & Registration number