



APPLICATION FOR REGISTRATION AS A DIETETIC INTERN

Before you fill in your application, please read the Application for Registration *Instructions*

The following information is required with your application for registration. With some exceptions, the personal information collected from you will be disclosed only for registration purposes. One exception is that certain personal information about all registrants of the College is publicly available; denoted information is marked with an asterisk (*) on this application form. For more detailed information about the College's information and privacy practices, please contact the College. Application deadline is **June 30, 2011**.

SECTION A GENERAL INFORMATION

*Surname:		Previous Surname:	
*Given Name:		Ms. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr. <input type="checkbox"/>	
Date of Birth:	mm:	dd:	yyyy:
Address:			
City:		Prov.:	Postal Code:
Home Phone:	Home fax:		Home e-mail:

SECTION B

Part 1 ACADEMIC QUALIFICATIONS

Documentation

- Required:
1. A copy of each certificate of graduation [Photocopy onto 8 1/2" x 11" paper]
 2. Original transcripts for each degree are to be sent directly to the *College of Dietitians of Manitoba* by the university.

Accredited by DC¹

Undergraduate Degree:		Yes <input type="checkbox"/> No <input type="checkbox"/>
University:	City:	
Year of Completion:		

Undergraduate Degree:		Yes <input type="checkbox"/> No <input type="checkbox"/>
University:	City:	
Year of Completion:		

Graduate Degree(s):		Yes <input type="checkbox"/> No <input type="checkbox"/>
University:	City:	
Year of Completion:		

¹*Dietitians of Canada* is the accrediting body for the foods and nutrition programs of Canada.

Part 2 PRACTICAL TRAINING

Documentation Required concerning your internship program:

Accredited by DC¹

OR

1. DIETETIC INTERNSHIP PROGRAM Name of Program: Location: Start Date: Program Director:		Yes <input type="checkbox"/> No <input type="checkbox"/>
2. DIETETIC PRACTICUM PROGRAM Location: Start Date: Program Director:		Yes <input type="checkbox"/> No <input type="checkbox"/>

Communications: _____

SECTION C INFORMATION OF LEGAL ACTIVITY

Please answer the following:

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"/>
5	Do you have any addiction, condition (medical or otherwise) or other circumstances, which compromise your ability to practice dietetics?	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you answered yes to any of the above questions, please provide details.

SECTION D PROFESSIONAL LIABILITY INSURANCE

I have current liability insurance coverage in the amount of \$5,000,000 with: <div style="text-align: center;"> <input type="checkbox"/> Employer <input type="checkbox"/> Private Coverage (eg. DC) </div>
Note: The College is no longer requiring a copy of your proof of coverage. However, you are required to declare your insurance carrier.

SECTION E PAYMENT OF FEES

Initial Application Fee:	\$ 80.00
Enclosed is:	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order
Please make payable to: <i>College of Dietitians of Manitoba</i>	

SECTION F DECLARATION

I verify that all statements contained in this application are accurate.

I agree to notify the College, *within 30 days*, if there are any changes to the information provided on this form.

Signature _____ Date _____

All documents are required by the *College of Dietitians of Manitoba* to verify the information provided on this application form. Please refer to the appropriate checklist for information on submitting the necessary documentation. Mail the completed checklist with your application form to:

<p>College of Dietitians of Manitoba Registrar 36-1313 Border Street Winnipeg, MB R3H 0X4</p> <p>Phone: (204) 694-0532 Fax: (204) 889-1755 email: office.cdm@mts.net www.manitobadietitians.ca</p>
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<p>Did you include?</p> <p><input type="checkbox"/> Application Form <input type="checkbox"/> Criminal Record Check <input type="checkbox"/> Payment for fees</p> <p>Have you sent?</p> <p><input type="checkbox"/> Educational Transcript</p>
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Deadline for receipt of applications at the CDM office is June 30, 2010

Registrar's Signature

Date

For Office Use Only:	
Registration Date: _____	Member No. _____
Amount Paid: _____	Receipt Number: _____