

APPLICATION FOR REGISTRATION

INSTRUCTIONS

*Please read **before** completion your application form*

INSTRUCTIONS:

- Type or print neatly.
- Complete all sections.
- Provide all names in full. Do not use abbreviations (e.g. University of Manitoba, not U of M)
- Review your completed form against the checklist provided.
- Date and sign your application form.
- Mail the application form, checklist and all supporting documents to the College with the appropriate fee.

APPLICATION PROCEDURES:

- The Registrar reviews all applications and refers them to the Board of Assessors for further review and decision.
- The College does not review incomplete applications.
- Additional information and documentation about your education, language proficiency and practical training may be required for the College to assess your qualifications for registration.

ACADEMIC QUALIFICATIONS

- Please provide information for each undergraduate and graduate degree you have completed. Check the Dietitians of Canada (DC) website to find a list of accredited university nutrition programs. Their website is www.dietitians.ca.

INTERNSHIP/PRACTICUM QUALIFICATIONS

- Please provide information for internship/practicum training. Check the Dietitians of Canada website to find a list of accredited internship/practicum programs.

CANADIAN DIETETIC REGISTRATION EXAMINATION (CDRE)

To be deemed eligible to write the CDRE, you must first satisfy all other registration requirements.

*Next Scheduled Exam: Please contact the College
Application deadline: Please contact the College*

Questions: If you have any questions regarding your application for registration, please contact the Administrative Assistant at 204-694-0532 or toll free 1-866-283-2823



**COLLEGE OF
DIETITIANS OF MANITOBA**
Registered Dietitians. Promoting Standards

Dear Applicant:

Re: College of Dietitians of Manitoba Application for Registration

Thank you for your interest in obtaining registration with the College of Dietitians of Manitoba. CDM is a College of over 340 Registered Dietitians in Manitoba. Registration will allow you to use the RD designation, ensuring the public of excellence in dietetic practice.

I have enclosed a copy of the CDM Application for Registration, Instructions and Checklist. Please note the following requirements:

- **Membership Fee Must Accompany Application form.** The current fee is \$375.00, along with an initial application fee of \$80.00. Our current registration year is from April 1, 2008 to March 31, 2009. The total fee for new applicants is \$455.00.
- **Application must include transcripts of University education.** Official transcripts and a copy of certificate of graduation must be sent with your application.
- **Application must include verification of graduation from dietetic internship or dietetic practicum.** Please include a letter of verification of graduation from your Internship Director or Practicum Advisor.
- **Application must include verification of membership in other professional associations.** Include a photocopy of membership cards if you have a membership in another provincial regulatory body, ADA or CDR.
- **Application must include currency information.** Please enclose information on Quality Assurance or Continuing Competency programs you have participated in since your last formal renewal with your current regulatory body (if you have previously been licensed with another College). Please use the Continuing Education Summary form included with this package. This form is available on the CDM website.
- **Application must include verification of professional liability insurance.** If you will be engaged in the practice of dietetics as defined in the scope of practice you are required to obtain or be covered by, and maintain liability coverage to a minimum of \$5,000,000. Please confirm your coverage on the application form.
- **Application must include a completed criminal records search.** A criminal records search can be obtained from the Winnipeg Police Service or the RCMP. Original required not a photocopy.

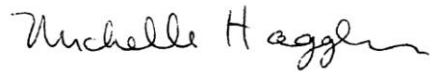
Your application will be assessed by the College Board of Assessors. You will be informed whether you will be required to write the Canadian Dietetic Registration Examination, available twice per year or if upgrading or practical experience is required.

Upon approval of your application and if you are required to write the CDRE, you will be issued a temporary membership number, as a Graduate Dietitian. This designation allows you to seek employment while waiting to write the examination. Further information will be provided about the examination after your application has been approved.

The titles of Registered Dietitian, Dietitian, Graduate Dietitian, the designation RD and the ability to work in the capacity of a dietitian are all protected in Manitoba. Unless you are an approved member of CDM, it is unlawful to use any of these titles until you have heard from the College regarding your application.

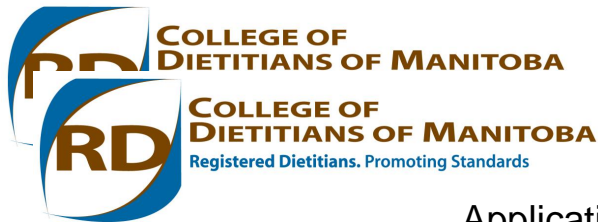
Applications may take approximately 4 weeks to process.

Sincerely,



Michelle Hagglund, RD
Registrar

Enclosures



Application for Registration

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 must be 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, or visit the CDM website: www.manitobadietitians.ca

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 ½" x 11" paper]
 2. Original transcripts for each degree are to be sent directly to the *College of Dietitians of Manitoba* by the university unless an original is already on file with the *College* or with another Canadian Dietetic body in BC, AB, SK, ON, PEI, NS, NB or NL.

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 (DC)* is the accrediting body for the foods and nutrition programs of Canada.

Part 2 INTERNSHIP/PRACTICUM TRAINING

Documentation

Required: **For 1 or 2:** a notarized copy of your certificate of graduation from a dietetic internship, accredited practicum program or verification of internship form sent directly from the facility to CDM, unless an original is on file with the College or another Canadian regulatory body, in BC, AB, SK, ON, PEI, NS, NB or NL.

Accredited by DC¹

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

SECTION C CURRENT EMPLOYMENT [if applicable]

Position Title:			
Organization:			
Employment Start Date:			
Employment Address:			
City:		Postal Code:	
Work Phone:	Ext:	Work Fax:	Work E-mail:
Employment Status: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Self-employed <input type="checkbox"/> Not employed <input type="checkbox"/>			

Area of Practice [Choose one]:	Type of Employment [Choose one:]	
<input type="checkbox"/> Clinical Specific Area: <input type="checkbox"/> Administrative <input type="checkbox"/> Community <input type="checkbox"/> Consultant <input type="checkbox"/> Other – Please specify	<input type="checkbox"/> Business / Industry <input type="checkbox"/> Hospital – Acute Care <input type="checkbox"/> Hospital – Chronic Care <input type="checkbox"/> Long Term Care Facility <input type="checkbox"/> Community Health Centre	<input type="checkbox"/> Private Practice ¹ <input type="checkbox"/> Public Health Dept / Unit <input type="checkbox"/> Provincial/Federal Government <input type="checkbox"/> Educational Facility

¹ If your type of employment is solely private practice, please contact the College in order to complete the “Verification of Private Practice form.”

SECTION D: CURRENCY OF QUALIFICATIONS

Please enclose information on Quality Assurance or Continuing Competency programs you have participated in since your last formal renewal with your current regulatory body, (if you have previously been licensed with another College). Please use the Continuing Education Summary form included with this package. This form is available on the CDM website.

SECTION E INFORMATION OF LEGAL ACTIVITY

Please answer the following:

1	Have you been found guilty of a criminal offence or an offence under the Food and Drug Act (Canada) or the Controlled Drugs and Substances Act (Canada)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Do you possess a record of conviction under the Criminal Code (Canada)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you been found guilty of professional misconduct or 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 in your present job?	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 F PROFESSIONAL LIABILITY INSURANCE

Are you engaged in the practice of dietetics as per the Scope of Practice? (available on the website: under "About the College, Acts and Regulations, RD Act PART 2 Practice of Dietetics)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please complete the following: Is your insurance with...	<input type="checkbox"/> Employer <input type="checkbox"/> Private Coverage (eg. DC)

SECTION G PRIOR REGISTRATION

1	Have you previously been registered with CDM? Year: _____ Registration Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Are you currently registered with another dietetic regulatory body? Name of dietetic regulatory body: _____ Initial registration date: _____ Registration Number: _____ Expiration date of your most recent/current registration: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Have you ever previously been registered with another dietetic regulatory body? Name of dietetic regulatory body: _____ Registration Number: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Have you previously written an examination as a registration requirement for another Canadian dietetic regulatory body? Name of Examination: _____ Date(s) and results(s) [include all attempts]: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION H GRADUATE DIETITIAN REGISTRATION

Graduate Dietitian Registration is available for individuals writing the *next* CDRE who meet all other registration requirements. It allows you to work in the capacity of a dietitian, but are restricted to the title Graduate Dietitian. Your registration is valid until you obtain a confirmed pass of the exam, upon which full membership is granted. *Please note that CDM Registration Fees will apply.*

SECTION I CANADIAN DIETETIC REGISTRATION EXAMINATION (CDRE)

Please indicate which exam sitting you are eligible for:	<input type="checkbox"/> Fall Session <input type="checkbox"/> Spring Session
I prefer to write in: (choose the language in which you are more proficient)	<input type="checkbox"/> English <input type="checkbox"/> French
Do you have any special needs which have to be accommodated? If applicable, please provide details:	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION J CRIMINAL RECORDS SEARCH

Completed criminal record search must be enclosed with this registration. For information on obtaining a criminal records search contact the Winnipeg Police Service by phone (204) 986-6073 or the RCMP Website www.rcmp-grc.gc.ca/crimrec/crimrec_e.htm.

SECTION K CERTIFICATE INFORMATION

Please print or type (using upper and lower case letters) the name you wish to appear on your Certificate of Registration:

SECTION L PAYMENT OF FEES

Initial Application Fee plus one of the following:	\$ 80.00
CDM Membership Fee	\$ 375.00
Enclosed is:	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order
Please make payable to: <i>College of Dietitians of Manitoba</i>	

SECTION M DECLARATION

I verify that all statements contained in this application are accurate. I understand that any false or misleading statements, an omissions or misrepresentations may be cause for disqualification from the Canadian Dietetic Registration Examination (CDRE) and revocation of membership.

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 document 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>

For Office Use Only:	
Registration Date: _____	Member No. _____
Amount Paid: _____	Receipt Number: _____
_____	_____
Registrar's Signature	Date

DOCUMENT CHECKLIST : CANADIAN TRAINED APPLICANTS

1) ACADEMIC

GRADUATES FROM ACADEMIC PROGRAMS ACCREDITED BY DIETITIANS OF CANADA:

- A photocopy of your undergraduate and/or graduate degree.
- Official transcripts must be sent directly to the College of Dietitians of Manitoba, 36-1313 Border Street, Winnipeg MB R3H 0X4, from the transcript offices of all the universities you have attended, unless your original transcripts are already on file with another Canadian regulatory body.

OR

GRADUATES FROM A FOODS AND NUTRITION UNIVERSITY PROGRAM THAT IS NOT ACCREDITED BY DIETITIANS OF CANADA:

- A photocopy of your undergraduate and/or graduate degree.
- Complete official transcripts from all universities you have attended sent directly to this College. 36-1313 Border Street, Winnipeg MB R3H 0X4.
- Course descriptions of all courses completed (i.e. program handbook, calendar, syllabus, etc.) This package must be stapled and all pages must be numbered.

2) INTERNSHIP/PRACTICUM TRAINING

GRADUATES FROM AN INTERNSHIP/PRACTICUM PROGRAM ACCREDITED BY DIETITIANS OF CANADA:

- A copy of your internship/practicum program certificate.
- An original letter from your internship coordinator confirming the completion of your internship/practicum experience, unless your internship/practicum training documentation is already on file with another Canadian regulatory body in a province covered by the *Mutual Recognition Agreement*.

GRADUATES FROM AN INTERNSHIP/PRACTICUM PROGRAM NON-ACCREDITED BY DIETITIANS OF CANADA:

- Please contact the College.

3) CURRENT EMPLOYMENT

- A copy of your current resume.
- If type of employment is solely private practice, completed the Verification of Private Practice form. The College will advise you about the use of this form.

4) CONTINUING EDUCATION

- Completion of the Continuing Education Summary form that is available on the website and attached to this package.

5) VERIFICATION OF NAME CHANGE

- If any of your documents are under a different name than the one you are currently using, please provide proof of your change in name (i.e. copy of marriage certificate)

6) CRIMINAL RECORDS SEARCH

- In accordance with the *Criminal Records Review Act*, Criminal Records Search is processed and being sent to the College of Dietitians of Manitoba.

CONTINUING EDUCATION SUMMARY FORM

Please list any continuing education activities that you wish to be considered in your registration application. These may include, but are not limited to:

- Academic courses
- Workshops, conferences, presentations attended
- On-line courses, distance education, webcasts
- Self-directed learning
- Publications, presentations, courses given

Applicants who completed their education and practical experience requirements more than three (3) years prior to this application or who have not been actively practicing for more than three (3) years may be required to complete upgrading.

DATE	TITLE OF ACTIVITY	DESCRIPTION	DURATION	DIETETIC LEARNING OUTCOME