



APPLICATION FOR REGISTRATION AS A DIETETIC INTERN

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.

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.

Undergraduate Degree:		Accredited by DC ¹	
		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:			

¹The Canadian Partnership for Dietetic Education and Practice (PDEP) is the accrediting body for the foods and nutrition programs of Canada.

Part 2 PRACTICAL TRAINING

Information about your dietetic internship:

Accredited by DC¹

OR

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

If program is not accredited by PDEP and you have checked 'no', please provide program details: _____

SECTION C INFORMATION OF LEGAL ACTIVITY AND CRIMINAL RECORD CHECK REQUIREMENTS

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.

CRIMINAL RECORD CHECKS

The College of Dietitians of Manitoba requires the following checks:

1. Criminal Record Check with Vulnerable Sector Search
2. Adult Abuse Registry Check
3. Child Abuse Registry Check

Original copies must be received at the College office before we can issue you a dietetic intern license.

If you require your original copies returned to you, please check off this box . The College will then take 'true copies' of your documents and send back the originals in the mail to you.

For more information about each of the above checks, please visit the following websites:

Criminal Record check with Vulnerable Sector Search : http://www.winnipeg.ca/police/pr/info_request.stm

Adult Abuse Registry Check: http://www.gov.mb.ca/fs/pwd/adult_abuse_registry.html

Child Abuse Registry Check: <http://gov.mb.ca/fs/childfam>

SECTION D PROFESSIONAL LIABILITY INSURANCE

I have current liability insurance coverage in the amount of \$5,000,000 with:	
<input type="checkbox"/> Employer	<input type="checkbox"/> Private Coverage (eg. DC)
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 _____

SECTION G: Proof of identity

Please provide the College with a copy of proof of identity and legal last name (ie. Passport or photo identification)

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:

**College of Dietitians of Manitoba
Registrar
36-1313 Border Street
Winnipeg, MB R3H 0X4**

Phone: (204) 694-0532
Fax: (204) 889-1755
email: office.cdm@mts.net
www.manitobadietitians.ca

Did you include?

- Application Form
- Criminal Record Checks
- Proof of identity
- Payment for fees

Have you sent?

- Educational Transcript

Registrar's Signature

Date

For Office Use Only:

Registration Date: _____

Member No. _____

Amount Paid: _____

Receipt Number: _____