



Application for Registration

Before you fill in your application, please read the Application Guide.

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

Dietetic Interns who have completed Internship with MPP:

If you are already registered with the College of Dietitians of Manitoba as a Dietetic Intern and you have successfully completed internship, please note that the College would have on file your original transcripts on file, including a true copy of your criminal record check and proof of identity. To process your application, the College would require an original letter from your internship director verifying that you have successfully completed internship, a copy of your current resume and your GD license fee (please refer to Appendix A of the [application guide](#)). If you would like to pay by VISA or MasterCard, please contact the College directly, and we can process your payment over the phone.

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:

ACADEMIC QUALIFICATIONS

Please refer to the application guide for academic information. This can be found under Application Process.

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:	

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

INTERNSHIP/PRACTICUM TRAINING

Please refer to the application guide for internship information. This can be found under Application Process.

Accredited by PDEP¹

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

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

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

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.

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.

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 an RD 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: 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>

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)

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 applied to another dietetic regulatory body? If yes, was your application refused? If yes, please explain: _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
5	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"/>

GRADUATE DIETITIAN REGISTRATION

Graduate Dietitian Registration is available for individuals writing the *next* Canadian Dietetic Registration Examination (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.*

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, please provide details:	

CERTIFICATE INFORMATION

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

PAYMENT OF FEES: Please refer to **Appendix A of the Application Guide for a schedule of fees.**

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** _____

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 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

PHONE

DOCUMENT CHECKLIST : CANADIAN TRAINED APPLICANTS

1) ACADEMIC

GRADUATES FROM ACADEMIC PROGRAMS ACCREDITED BY THE CANADIAN PARTNERSHIP FOR DIETETIC EDUCATION AND PRACTICE (PDEP):

- 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 PDEP:

- 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 PDEP:

- 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 PDEP:

- 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.
- PROOF OF IDENTITY** (copy of a driver's license or passport picture)

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