



## APPLICATION FOR REGISTRATION

Some personal information about all registrants of the College must be publically available. This information is marked with an asterisk (\*) on this application form. For more detailed information about the College's information and privacy practices, please visit the College of Dietitians of Manitoba (CDM) website: [www.manitobadietitians.ca](http://www.manitobadietitians.ca). If you need assistance to complete this application, please refer to the Application Guide. The guide is located on the CDM website, International Education Dietitians > Guide for Application.

### 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/State:	Postal Code/Zip Code:
Home Phone:		Home fax:	Home e-mail:
Country:			

### SECTION B Part 1 ACADEMIC REQUIREMENT

You must provide the following documents:

- A copy of each certificate of graduation [Photocopy onto 8 ½" x 11" paper]
- Original transcripts or notarized copies. These documents must be sent directly to the *College of Dietitians of Manitoba* by your University.

Undergraduate Degree:	
University:	City:
Year of Completion:	Country:

*If more than one, please state:*

Undergraduate Degree:	
University:	City:
Year of Completion:	Country:

Graduate Degree(s):	
University:	City:
Year of Completion:	Country:

**Part 2 PRACTICAL EXPERIENCE REQUIREMENT**

You must provide the following documents:

1. A detailed summary of your education program
2. A letter from your education program director stating that your program contains experience in:
  - ◆ Clinical/Therapeutic Nutrition
  - ◆ Food Services Administration
  - ◆ Community Health
  - ◆ Was supervised by a registered dietitian
3. A notarized copy of your graduation certificate from a dietetic internship or practicum program. The certificate must be sent directly from the facility to the College.

<b>DIETETIC INTERNSHIP PROGRAM</b>	
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 Specific Area: <input type="checkbox"/> Administrative <input type="checkbox"/> Community <input type="checkbox"/> Consultant	<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 <sup>1</sup> <input type="checkbox"/> Public Health Dept / Unit <input type="checkbox"/> Provincial/Federal Government <input type="checkbox"/> Educational Facility
<input type="checkbox"/> Other – Please specify		

## SECTION D 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 the Canadian Dietetic Registration Examination?  Date(s) and results(s) [include all attempts]: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>

## SECTION E 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"/>

<sup>1</sup> If your type of employment is solely private practice, please contact the College in order to complete the "Verification of Private Practice form."

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

**PAYMENT OF FEES**

Initial Application Fee:	\$ 80.00
Assessment Fees – All non Canadian Degrees	\$ 400.00
♦ Academic and Practicum Assessment	
♦ Academic Assessment	\$ 250.00
♦ Practicum Assessment	\$ 250.00
<b>TOTAL FEE</b>	<b>\$ 480.00</b>
Enclosed is:	<input type="checkbox"/> Cheque <input type="checkbox"/> Money Order
Please make payable to: <i>College of Dietitians of Manitoba</i>	

**Other Fees: (once application is approved)**

Registration / Membership Fee: \$525.00  
Examination Fee: \$400.00

**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.*

<p><b>College of Dietitians of Manitoba</b> <b>Attention: Registrar</b> <b>36-1313 Border Street</b> <b>Winnipeg, MB R3H 0X4</b></p> <p>Phone: (204) 694-0532 Fax: (204) 889-1755 email: <a href="mailto:office.cdm@mts.net">office.cdm@mts.net</a> <a href="http://www.manitobadietitians.ca">www.manitobadietitians.ca</a></p>
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**DOCUMENT CHECKLIST**  
INTERNATIONAL TRAINED APPLICANTS

**ACADEMIC**

- A photocopy of your undergraduate and/or graduate degree.
- Complete official transcripts or notarized copies from all universities you have attended sent directly to the College of Dietitians of Manitoba, 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.

**PRACTICAL EXPERIENCE**

- A notarized copy of your internship/practicum program certificate.
- An original letter from your internship coordinator/program director confirming the completion of your internship/practicum experience and including information described in the application guide on page 1, item number 2.

**CURRENT EMPLOYMENT**

- A copy of your current resume. (samples of resume can be found on the CDM website, [www.manitobadietitians.ca](http://www.manitobadietitians.ca) > International Educated Dietitians > Helpful Information)
- If type of employment is solely private practice, please contact the College directly.

**CONTINUING EDUCATION**

- Completion of the Continuing Education Summary

**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)

**CRIMINAL RECORDS SEARCH**

- Original copy of a criminal record search.

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## CONTINUING EDUCATION SUMMARY FORM

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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