

**Application for Assessment of
Competence to Practice Dietetics**

In accordance with section 41(4) of the College of Dietitians of BC bylaws, applicants who graduated from a program that is not approved by the CDBC Board must apply to have their knowledge, skills, abilities and judgment assessed for currency and substantial equivalence to the Canadian Integrated Competencies for Dietetic Education and Practice. In accordance with section with 52(1)(c) former registrants who are applying for reinstatement after more than six years off the register must apply to have their knowledge, skills, abilities and judgment to practice dietetics assessed for currency. (*Office use only: Former registrants, last date of registration: _____*)

1) Personal Information

Date of birth: (yyyy/mm/dd) _____. Your date of birth is a mandatory information requirement.
(*Note: this information is required for cross-referencing official documents provided by your educational institution(s), as well as statistical purposes, for planning dietitian/population ratios.*)

Salutation: Please check (1) one of the following: ____ Miss ____ Mrs. ____ Ms. ____ Mr. ____ Dr.

Surname: _____ Given name(s): _____

Former Name/Surname(s) (if applicable): _____
Name change documentation must be attached to this application form, if relevant.

Home Address: _____
No. Street City Province Postal Code

Telephone: (____) _____ Alternate Telephone: (____) _____
Facsimile: (____) _____ Email Address: _____

2) Academic Information (this section is not required for former registrants)

Degree(s) Attained	Education Institution	Country	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Original or verified copies of transcript(s) for all education relating to your qualification to practice dietetics must be forwarded directly to the College from the education institution.

3) Practical Training Program (Internship/ Practicum) (this section is not required for former registrants)

Program _____ Country _____

Program Length (in weeks) _____ Date of Completion _____

Original or verified proof of successful completion of your practical training program must be forwarded directly to the College from the practicum training provider.

4) Payment of Fees

I will forward a cheque or money order to the College of Dietitians of British Columbia in the amount of \$400.00 for the purpose of completing an assessment of my education and practical training, upon the College's request.

Signature of Applicant _____ Printed Name of Applicant _____ Date _____