

Application to Practice Restricted Activities

Restricted Activities are elements of a healthcare profession's scope of practice that represent a significant risk of harm to the public. They are restricted to those professions who are specifically qualified to perform such activities. Aspects of the CDBC Restricted Activities overlap with scopes of practice for Physicians, Registered Nurses, Nurse Practitioners and Pharmacists. NOTE: As per the Code of Ethics and Standards of Practice, **it is the duty of the dietitian to be practice ready before providing Nutrition Support.**

If you practice any of the Restricted Activities, you must apply for the Restricted Activities and provide proof of competence to perform them. All **Restricted Activities expire annually on March 31.**

Please complete steps 1 through 4 to apply for Restricted Activities.

Step 1: Choose (✓) each Restricted Activity (RA) you are applying for.

Check (✓)	RA Type:	Description:	Cost per RA
	A	design, compound or dispense therapeutic diets where nutrition is administered through enteral means	\$36
	B	design therapeutic diets where nutrition is administered through parenteral means	\$36
	C	administer a substance to a person by instillation through enteral means	\$36
	D	administer a substance to a person by instillation through parenteral means	\$36
Total Restricted Activity Fees (note: CDBC will provide link for payment online)			\$_____

Step 2: Identify your proof of competence to practice your chosen Restricted Activities.

Check (✓)	Proof of Competence Type:	For Restricted Activity:	Valid for:
	National Board of Nutrition Support Certification (NBNSC) established by the American Society of Parenteral and Enteral Nutrition (ASPEN)	A, B & C	up to 5 years*
	Dietitians of Canada, Learning on Demand, Critical Care Nutrition	A and B	up to 2 years*
	Basic Five Enteral Workshop	A	up to 2 years*
	Accredited Canadian Dietetic Internship completed within the past year	A	up to 1 year*
	Basic Five Parenteral Workshop	B	up to 2 years*
	Fraser Health Authority Parenteral Nutrition Training Course	B	up to 2 years*
	On the job training within the past year	A, B, C & D	expires March 31 annually
	Signed "Verification of Current Competence to Practice Restricted Activities" form (Appendix 2)	A, B, C & D	expires March 31 annually

*All CDBC approved courses used as proof of competence must be valid over the entire period for which your Restricted Activities are active.

Step 3: Sign and date application.

Applicant Signature

Print Applicant Name

Date

Step 4: Submit completed application and proof of competence by email info@collegeofdietitiansbc.org.

Please contact the CDBC if you have any questions (604) 736-2016; 1-877-736-2016 (toll-free in BC); or info@collegeofdietitiansbc.org.

Verification of Current Competence to Practice Restricted Activities

(Use this form as proof of competence to practice Restricted Activities in lieu of CDBC approved courses)

Submit completed application and proof of competence to the CDBC – info@collegeofdietitiansbc.org

Restricted Activities are those elements of the Dietitian's scope of practice that represent significant risk of harm to the public. As per the Code of Ethics and Standards of Practice, ***it is the duty of dietitians to be practice ready before providing Nutrition Support.*** All Restricted Activities ***expire annually on March 31.***

The CDBC permits qualified health professionals to verify that Dietitians are competent to practice Restricted Activities. Verifiers must confirm that applicants are current in their knowledge, skills, abilities and judgement for nutrition support, practice in a competent manner, and do not pose risk of harm to the public.

Name of applicant: _____

Please check (✓) the Restricted Activities that the above named applicant is currently competent to practice:

- _____ A design, compound or dispense therapeutic diets where nutrition is administered through enteral means.
 _____ B design therapeutic diets where nutrition is administered through parenteral means.
 _____ C administer a substance to a person by instillation through enteral means.
 _____ D administer a substance to a person by instillation through parenteral means.

Check (✓) **one** of the following qualified verifier options below:**For CDBC registrants or new BC dietetic graduates:**

- A RD who is *currently registered with the CDBC Restricted Activities the applicant is applying for.*
 A MD, RN, NP or Pharmacist who is a member of a recognized nutrition support team and/or has current "CNSC certification".

For out of province RDs applying for CDBC registration:

- A RD who is *currently registered with the CDBC Restricted Activities the applicant is applying for.*
 An out of province RD currently registered with their provincial regulatory organization (e.g. Alberta, Ontario, etc.).
 An out of province MD, RN, NP or Pharmacist who is a member of a recognized nutrition support team and/or has current "CNSC certification".

Applicant signature: _____

Date: _____

VERIFIER:**Please check (✓) all three boxes**

- I have reviewed with the applicant the core/ specific competencies for the Restricted Activity(ies) noted above (*please refer to page 2 of Appendix 2 for the competencies*),
 I have been informed by the applicant that he/she has met all requirements that are relevant to his/her practice area in order to obtain/maintain competence for the particular Restricted Activity(ies), **and**
 Based on this information and in my professional opinion, the applicant named above currently practices the specified Restricted Activity(ies) in a competent manner and does not pose a risk of harm to the public.

Verifier's signature:_____
Printed Name_____
Signature_____
Date_____
Professional designation_____
Name of regulatory authority_____
Registration #

Name of applicant: _____

Note to the Verifier

By signing this form, you are verifying that the applicant is currently competent with the core and specific competencies applicable to their practice of each Restricted Activity they apply for. **Note: not all specific competencies may be applicable as practice differs from one work environment to another.**

Please check (✓) each specific competency reviewed with the applicant.

RESTRICTED ACTIVITY A: ENTERAL NUTRITION (EN)	
“Design, compound <u>or</u> dispense therapeutic diets where nutrition is administered through enteral means”	
CORE COMPETENCY	SPECIFIC COMPETENCY
DESIGN The RD selects ingredients for EN	<input type="checkbox"/> Assesses the need for nutrition through enteral means <input type="checkbox"/> Identifies and/or recommends the appropriate EN feeding route <input type="checkbox"/> Selects the appropriate EN formulation <input type="checkbox"/> Determines the appropriate EN delivery method (<i>i.e. intermittent/continuous feed, volume, rate, etc.</i>) <input type="checkbox"/> Monitors tolerance to EN and adjusts as required <input type="checkbox"/> Communicates (verbally or in writing as appropriate) with the patient/caregiver and the interdisciplinary health care team
COMPOUND The RD compounds EN ingredients	<input type="checkbox"/> Compounds EN ingredients <input type="checkbox"/> Supervises/instructs others to compound EN ingredients
DISPENSE The RD dispenses the EN formulation	<input type="checkbox"/> Fills an EN order <input type="checkbox"/> Distributes an EN order <input type="checkbox"/> Supervises other staff filling an EN order

RESTRICTED ACTIVITY B: PARENTERAL NUTRITION (PN)	
“Design therapeutic diets where nutrition is administered through parenteral means”	
CORE COMPETENCY	SPECIFIC COMPETENCY
DESIGN The RD selects ingredients for PN	<input type="checkbox"/> Assesses the need for nutrition through parenteral means <input type="checkbox"/> Identifies and/or recommends the appropriate PN infusion site <input type="checkbox"/> Selects the appropriate PN formulation (<i>includes macro- & micronutrients</i>) <input type="checkbox"/> Determines the appropriate PN delivery method (<i>i.e. cyclical/continuous infusion, volume, rate, etc.</i>) <input type="checkbox"/> Monitors patient tolerance to PN and adjusts as required <input type="checkbox"/> Communicates (verbally or in writing as appropriate) with the patient/caregiver and the interdisciplinary health care team

RESTRICTED ACTIVITY C: ADMINISTRATION OF ENTERAL NUTRITION (EN)	
“Administer a substance to a person by instillation through enteral means”	
CORE COMPETENCY	SPECIFIC COMPETENCY
ADMINISTER The RD administers EN	<input type="checkbox"/> Instills nutrition enterally (<i>sterile manipulation of EN delivery device/system, delivery of EN</i>) <input type="checkbox"/> Instructs/ supervises others to instill EN

RESTRICTED ACTIVITY D: ADMINISTRATION OF PARENTERAL NUTRITION (PN)	
“Administer a substance to a person by instillation through parenteral means”	
CORE COMPETENCY	SPECIFIC COMPETENCY
ADMINISTER The RD administers PN	<input type="checkbox"/> Physically instills nutrition parenterally (<i>sterile manipulation of PN delivery device/system, delivery of PN</i>) <input type="checkbox"/> Instructs/supervises others to instill PN

Perm16/Leg/Bylaws/Form Amendments 2016/10 Application for Restricted Activities Verification of Competence