



COLLEGE OF DIETITIANS OF BRITISH COLUMBIA

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**ATTESTATION OF COMPETENCE
DIETITIAN SUPERVISOR –PRACTICAL TRAINING UPGRADING**

Declaration

I, the undersigned RD,

Name _____ **CDBC Registration#** _____

Please print

Employer _____

Name and address

confirm that I have received the CDBC *Self-Directed Practicum Planning Guide*. I understand the responsibility of attesting competencies and have agreed to supervise/coordinate a Practical Training Upgrading program for:

Candidate's Name _____

Please print

Anticipated Dates Start _____ **Completion** _____

(It is acknowledged that these dates are subject to change)

- I understand the responsibilities of the Dietitian Supervisor for the Practical Training Upgrading program.
- I am aware that the practical training experience can be extended beyond the minimum number of hours specified, as necessary for the candidate to demonstrate all of the competencies required.
- I have included a description of my experience with supervising internship or other practicum placements.
- I am able to provide proof of current professional liability insurance, to the CDBC, on demand
- I have no real or perceived conflicts of interest to declare.

Signature _____

Date _____

Please send completed form to the CDBC: info@collegeofdietitiansbc.org