



Statutory Declaration

THE MATTER OF AN APPLICATION FOR REGISTRATION IN THE COLLEGE OF DIETITIANS

I, _____ of _____ in _____
(name) (city) (province and country)

do solemnly declare that:

1. I have not been convicted in Canada or elsewhere of any offence that if committed by a person registered under the *Health Professions Act*, would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:

2. My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.
3. I am a person of good character.
4. My entitlement to practice dietetics is not or has never been limited, restricted or subject to conditions in any province, state, or country at any time except as follows (list province, state or country, restriction, date(s)):

5. At the present time, no investigation, review or proceeding is taking place in any jurisdiction which would result in the suspension or cancellation of my authorization to practise dietetics in that jurisdiction except as follows:

6. I have/or will have professional liability insurance for all practice settings, in an amount not less than 2 million dollars per occurrence, except if I register as a **Non-Practicing** dietitian.
7. I have read the *Health Professions Act* of British Columbia and the [regulations](#) and [bylaws](#) of the College of Dietitians made pursuant to the Act.
8. If applying for **Full, Full Limited or Temporary** Registration: will practice at all times in compliance with the *Health Professions Act* of British Columbia and the regulations and bylaws of the College of Dietitians made pursuant to that Act.
9. If applying for **Non Practicing** Registration: I will not provide dietetic services in British Columbia while I am registered as a non-practicing registrant of the College of Dietitians of British Columbia.

AND I make this solemn declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Signature of Applicant

Date

Must be declared before a Judge, Notary Public, , Justice of the Peace or Commissioner authorized to take Affidavits currently registered, licensed or commissioned in the applicant's jurisdiction.

DECLARED before me at _____, in the Province/State of _____,
_____ City
_____ this _____ day of _____, _____ year.
Country month year

Name and contact info (phone #) must be noted

Signature of Judge, Notary Public, Justice of the Peace or Commissioner authorized to take Affidavits