



COLLEGE OF DIETITIANS OF BRITISH COLUMBIA

Suite 900 -200 Granville St, Vancouver, BC V6C 1S4

Phone: 604.742.6395 • Toll-free BC: 1.888.742.6395 • www.collegeofdietitiansofbc.org

Accommodation of Registration Renewal Fees:

Supportive Documentation to be Completed by the Appropriate Health Care Professional

The purpose of registration renewal is to confirm that dietitians (CDBC registrants) continue to meet all requirements to practise in a safe and competent manner in BC. The College of Dietitians of BC cancels the registration of dietitians who do not complete renewal in time and publishes their status as “inactive” on the public register. BC dietitians who do not renew their annual registration with the CDBC are prohibited from using the title “Dietitian” and from practicing dietetics.

The College communicates the requirements and timelines for registration renewal with frequent reminders ahead of times. Registrants have 31 days to complete their renewal by March 31 annually. The CDBC relies on a regulated health care professional’s evaluation and judgement of a registrant’s functional limitation(s) and special condition(s) to make an informed decision on the need for and type of accommodation.

Professional Designation/Title: _____

Licence Number: _____

I have known the registrant _____ since _____ in my capacity as a _____.

I confirm that I have used my own professional judgement and identified a clear link between the registrant’s condition(s) and the need for an accommodation. I understand that the purpose of requesting this accommodation is to provide equity, not advantage.

A brief history and description of the functional limitation(s) or special condition(s) of the registrant.

Describe how the functional limitation(s) or special condition(s) impacts the registrant’s ability to complete the registration renewal and its requirements in the usual deadlines and/or environment. This should reflect the registrant’s current impairment.



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A description of current treatment plan and why this was not effective in overcoming the functional limitation(s) or special condition(s), thereby necessitating an accommodation from the College.

Name:

Date:

Telephone:

Email:

Signature:

Date updated: January 2023