



**COLLEGE OF DIETITIANS
OF ALBERTA**

**Australian Accredited Practicing Dietitians (APD)
Application Supplemental Form**

College of Dietitians of Alberta
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Form Last Updated: June 2015

(In Keeping with Mutual Recognition/Voluntary Relationship Charter - Canada: Australia)

INSTRUCTIONS

You may complete this supplemental form electronically prior to printing a copy to sign and return to the College office along with the application form. All sections of this form must be completed with mandatory fields appearing in red.

1. Full Name of Applicant

LAST NAME:

PREVIOUS LAST NAME:

FIRST NAME:

MIDDLE NAME:

2. I am seeking temporary registration under the terms of the “Mutual Recognition Voluntary Relationship Charter” signed by the DAA and members of the Alliance of Canadian Dietetic Regulatory Bodies.

YES

NO

3. Expiration Date of most recent registration as an APD:

(mm/dd/yyyy):

4. I have held a registration/license as a dietitian in the following additional jurisdictions:

None

As indicated in the application form

As listed below

Name of Regulatory/Licensing Body	Initial Date of Registration	Last Date of Registration
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Regulatory/Licensing Body	Initial Date of Registration	Last Date of Registration
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Regulatory/Licensing Body	Initial Date of Registration	Last Date of Registration
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Have you ever been found guilty of professional misconduct, incompetence or incapacity in relation to the practice of dietetics or any other profession?

YES

NO

6. Are you currently the subject of any current proceedings for professional misconduct, incompetence or incapacity?

YES

NO

7. Is your certificate of registration subject to any special terms, conditions or limitations?

YES

NO

8. Are you currently in compliance with DAA continuing competency program?

YES

NO

If you answered "yes" to question 6, 7 or 8 above, please provide details including the outcome:

9. I authorize the DAA to verify my registration and exchange relevant information about my activities as a dietitian with the regulatory body to which I am applying.

Signature:

10. I verify that all information provided in this application is accurate. I understand that a false or misleading statement or an omission or misrepresentation may be cause for disqualification from writing the Canadian Dietetic Registration Examination and nullification of my Temporary Certificate of Registration.

Applicant Signature

Witness Signature

Date Signed

Please note that Australian APD must attest to the reading resources listed on the "APD Attestation form for Reading Resources" before receiving certificate of registration in Canada.