

Application for Dietetic Intern Registration

Section A: General Information

General Information			
Full Legal Name:			
Full Chosen name:	Previous Surname:		
Date of birth: (d/m/y) Pronouns:	Ms. Mr. Mx. Dr. None		
What language(s) can you provide service in? English ■French ■ Other			
Home A	Address		
Street / Apt:	City:		
Province:	Postal Code:		
Phone:	A valid email is essential. In order to not miss out on		
E-mail:	important emails from the College, we suggest that your email security settings allow mass emails from the College.		
Section B: Academic and Competency Qualificati	ons		

Academic Qualifications		
University degrees completed in food/nutrition/dietetics (Please check all that apply and complete degree information):		
Baccalaureate Degree Year Completed:	Institution:	
	Prov/State/Country:	
Masters Degree Year Completed:	Institution:	
	Prov/State/Country:	
Doctorate Degree Year Completed:	Institution:	
	Prov/State/Country:	

Dietetic Internsh	ip Program
Are you enrolled in an Equal accredited dietetic internship of	or practicum? Yes 🖃 No 🖃
If yes, please provide the following internship information:	
Institution/ Program:	
Expected Completion Date:	
Contact for the Program:	CDPEI will verify enrollment.
Name:	
Phone:	
Province:	Country:
professional misconduct, negligence, or incompetency Yes ■ No ■ Have you ever been found guilty of professional mis P.E.I. or any other jurisdiction in relation to the practy Yes ■ No ■ If you answer yes to the questions above	conduct, incompetence, or negligence in cice of dietetics or any other profession?
Signature: Da	te:

College of Dietitians of PEI PO Box 362 Charlottetown, PE C1A7K7