

## Application for Temporary Membership

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### Section A: General Information

Full Legal Name:	
Full Chosen name: Same as Legal Name	Previous Legal Names:  <i>(Submission of name change documents required if qualifications obtained under different name)</i>
Date of birth: (d/m/y) ____/____/____	Ms.    Mr.    Mx.    None    Dr. Pronouns: _____
What language(s) can you provide service in?    English    French    Other _____	
<b>Home Address</b>	
Street / Apt:	City:
Province:	Postal Code:
Phone:	Email:
<b>Residency Status</b>	
Are you . . . Canadian Citizen                  Permanent Resident Authorized under the immigration act to practice this profession. Authorization expires on (d/m/y) ____/____/____	

## Section B: Academic and Competency Qualifications

Academic Qualifications	
Documents required:	
<input type="checkbox"/> Official transcripts sent directly from the university registrar <input type="checkbox"/> Internship verification letter and certificate signed by internship director	
<b>University degrees completed in <u>food/nutrition/dietetics</u> (Please complete all that apply):</b> <i>Do not use abbreviations for hospitals, educational institutions, or organizations (e.g. U of A); provide the names in full.</i>	
Baccalaureate Degree	Degree: _____ Institution: _____ Year Completed: _____ Prov/State/Country: _____
Masters Degree	Degree: _____ Institution: _____ Year Completed: _____ Prov/State/Country: _____
Doctorate Degree	Degree: _____ Institution: _____ Year Completed: _____ Prov/State/Country: _____
Additional Education Information	
Did you complete a dietetic internship or practicum?      Yes      No If yes, please indicate location and year of program:	
	Institution/ Program: _____ Date Completed: _____ Province & Country: _____

### Section C: Registration for the Canadian Dietetic Registration Examination (CDRE)

Please check one of the following:

I have not previously written the CDRE

I have previously written the CDRE, but have not successfully passed. Please indicate the dates and number of attempts:

Number of attempts: \_\_\_\_\_ Dates: \_\_\_\_\_

### Section D: Confirmation of application submission

- **I verify** that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for disqualification of my application for membership or revocation of any temporary registration.
- **I understand** that I may be required to submit further information (i.e., course descriptions) if required to determine academic and/or practical eligibility, and that CDPEI will contact me if additional documentation is necessary.
- **I agree** to notify the CDPEI Registrar within thirty (30) days if there are any changes to the information contained within this form.
- **I am aware** that I may not use the restricted title Registered Dietitian (Candidate) or the initials RD (Candidate) in PEI until I have been formally notified by CDPEI that I am entitled to do so.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_