

Application for General Registration: Transferring within Canada

Section A: General Information

Full Legal Name:	
Full Chosen name: Same as Legal	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	
Home Address	
Street / Apt:	City:
Province:	Postal Code:
Phone:	Email:
Alternate Phone:	
Residency Status	
Are you . . . Canadian Citizen Permanent Resident Authorized under the immigration act to practice this profession Authorization expires on (d/m/y) ____/____/____	
Current Employment (if applicable)	
<i>If you have relevant employment history or work for more than one employer, please attach a resume to the application form. <u>Do not</u> list previous employment here.</i>	
Position Title:	
Organization:	Employment Start Date:
Area of Practice:	
Street:	City:
Province:	Postal Code:
Phone:	Employment Status: Full-Time Part-Time Self-employed

Section B: Academic and Competency Qualifications

Academic Qualifications	
<p>—</p> <p>—</p>	
<p>University degrees completed in food/nutrition/dietetics (Please complete all that apply): <i>Do not use abbreviations for hospitals, educational institutions, or organizations (e.g. U of A); provide the names in full.</i></p>	
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	
<p>Did you complete a dietetic internship or practicum? Yes No</p> <p>If yes, please indicate location and year of program:</p> <p>Institution/ Program:</p> <p>Date Completed:</p> <p>Province/State/Country:</p>	

Section C: Information on Prior Registration

Documents required:

Contact your current jurisdiction of registration and ask that a Verification of Registration Form be completed and sent to CDPEI. This is to confirm that you are registered as a member in good standing. If you are registered in more than one jurisdiction, CDPEI requires a Verification Form from each province. Submission of a Criminal Record Check including vulnerable sector screening is also required.

1. Are you currently registered with another dietetic regulatory body? Yes No

Name of organization: _____ Registration No. _____

2. Have you previously been registered with another dietetic regulatory body? Yes No

Name of organization: _____ Registration No. _____ Year: _____

Name of organization: _____ Registration No. _____ Year: _____

3. Have you previously been registered with CDPEI or PEIDRB? Yes No

Most recent year: _____

4. Have you previously held a temporary registration with another regulatory body? Yes No

Name of organization: _____ Registration No: _____

5. Have you previously written and passed the Canadian Dietetic Registration Examination?

Yes No

Date: _____ Location: _____

6. Have you ever been found guilty or are you currently being investigated for an offence of such a nature and direct relevance to professional practice or been/being investigated or disciplined for professional misconduct, negligence, or incompetence?

Yes No

7. Have you ever been found guilty of professional misconduct, incompetence, or negligence in P.E.I. or any other jurisdiction in relation to the practice of dietetics or any other profession?

Yes No

If you answer yes to # 6 or 7, please provide details.

Section D: Payment of Fees

Application and annual registration fees [as listed on website](#) payable by:

- cheque or money order to College of Dietitians of Prince Edward Island
- e-transfer, contact Registrar for email and required password

Should an application be denied, the application fee is not refundable.

Section E: Contact Information

Mail form, supporting documentation, and payment in full to:

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

Questions or concerns regarding your application may be directed to the registrar by email at registrar@peidietitians.ca

Section F: 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 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 titles Registered Dietitian, Nutritionist, or the initials RD in PEI until I have been formally notified by CDPEI that I am entitled to do so.

Signature: _____ Date: _____