

Application for Dietetic Intern Registration

Section A: General Information

Full legal name: _____		
Full chosen name: _____		
Previous legal names (see guidelines regarding name change documents): _____		
Date of birth: (d/m/y) ____/____/____		
Home Address: _____		
City: _____	Province: _____	Postal Code: _____
Phone: _____		Email: _____
What language(s) can you provide service in? English French		
Other: _____		
Residency Status		
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

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>	
Baccalaureate Degree:	
Degree: _____	
Institution: _____	
Year Completed: _____	
Prov/State/Country: _____	
Masters Degree:	
Degree: _____	
Institution: _____	
Year Completed: _____	



College of Dietitians

of Prince Edward Island

Prov/State/Country: _____

Doctorate Degree:

Degree: _____

Institution: _____

Year Completed: _____

Prov/State/Country: _____

Section C: Dietetic Internship Program

Are you enrolled in an accredited dietetic internship or practicum? Yes No

If yes, please provide the following internship information:

Institution/ Program: _____

Expected Completion Date: _____

Contact for the Program:

Name: _____

Phone: _____

Address: _____

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 dietetic internship registration.

I understand that I may be required to submit further information 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 Dietetic Intern until I have been formally notified by CDPEI that I am entitled to do so.

Signature: _____ Date: _____

Email completed application form to: deputyregistrar@peidietitians.ca
Questions or concerns regarding your application may be directed to the Deputy Registrar by email at deputyregistrar@peidietitians.ca