

## Application for Dietitian Candidate 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: _____		
<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

<p><b>University degrees completed in food/nutrition/dietetics (Please complete all that apply):</b></p> <p><i>Do not use abbreviations for hospitals, educational institutions, or organizations (e.g. U of A); provide the names in full.</i></p>
<p>Baccalaureate Degree:</p> <p>Degree: _____</p> <p>Institution: _____</p> <p>Year Completed: _____</p> <p>Prov/State/Country: _____</p>
<p>Masters Degree:</p> <p>Degree: _____</p> <p>Institution: _____</p>

Year Completed: _____ Prov/State/Country: _____
Doctorate Degree: Degree: _____ Institution: _____ Year Completed: _____ Prov/State/Country: _____
<b>Additional Education Information</b>
Did you complete a dietetic internship or practicum?      Yes      No If yes, please indicate: Institution/ Program: _____ Date Completed: _____ Province/State/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.
  - Number of attempts: \_\_\_\_\_
  - Date attempt #1: \_\_\_\_\_
  - Date attempt #2: \_\_\_\_\_

- **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: \_\_\_\_\_

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