

Application for General Registration: Transferring within Canada

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) ____/____/____			
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>			
Employment Status: Full-Time Part-Time Self-employed			
Current Position Title: _____			
Area of Practice: _____			
Organization: _____			
Employment start date: _____		Phone: _____	
Address: _____			
City: _____		Province: _____	Postal Code: _____
Manager/supervisor Email: _____		Phone: _____	

Section B: Academic and Competency Qualifications

University degrees completed in food/nutrition/dietetics (Please complete all that apply):

Do not use abbreviations for hospitals, educational institutions, or organizations (e.g. U of A); provide the names in full.

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:

- Institution/ Program: _____
- Date Completed: _____
- Province/State/Country: _____

Section C: Information on Prior Registration

1. Are you currently registered with another dietetic regulatory body? Yes No
 Name of organization: _____ Registration No. _____
 Name of organization: _____ Registration No. _____
 Name of organization: _____ Registration 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: _____
 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 of membership: _____
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: 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 title Registered Dietitian or the initials RD 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
Questions or concerns regarding your application may be directed to the Deputy Registrar by email at deputyregistrar@peidietitians.ca