



**Application for Dietetic Intern Registration**

**Section A: General Information**

<b>General Information</b>	
Full Legal Name:	
Full Chosen name:	Previous Surname:
Date of birth: (d/m/y) _____ _____/_____/_____	Pronouns: _____ Ms.    Mr.    Mx.    Dr.    None
What language(s) can you provide service in? English <input type="checkbox"/> French <input type="checkbox"/> Other _____	
<b>Home Address</b>	
Street / Apt:	City:
Province:	Postal Code:
Phone:	A valid email is essential. In order to not miss out on important emails from the College, we suggest that your email security settings allow mass emails from the College.
E-mail:	

**Section B: Academic and Competency Qualifications**

<b>Academic Qualifications</b>	
University degrees completed in food/nutrition/dietetics (Please check all that apply and complete degree information):	
Baccalaureate Degree Year Completed:	Institution:
	Prov/State/Country:
Masters Degree Year Completed:	Institution:
	Prov/State/Country:
Doctorate Degree Year Completed:	Institution:
	Prov/State/Country:



# College of Dietitians of Prince Edward Island

<b>Dietetic Internship Program</b>	
Are you enrolled in an Equal accredited dietetic internship or practicum?    Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please provide the following internship information:	
Institution/ Program: _____	
Expected Completion Date: _____	
Contact for the Program: Name: _____ Phone: _____	CDPEI will verify enrollment.
Province: _____	

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

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 the questions above, please provide details.*

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

**Email completed and signed application form to: [deputyregistrar@peidietitians.ca](mailto:deputyregistrar@peidietitians.ca)**