**Application for Knowledge and Competency Assessment Test (KCAT) and/or Performance Based Assessment (PBA)**

**Incomplete applications will not be processed**

ALL sections of this form must be completed and all documents and fees must be received by the
New Brunswick Association of Dietitians (NBAD) before your application will be processed.

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| **PERSONAL INFORMATION** |

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| Legal Surname:      (name on your official documents, e.g. birth certificate, passport) | Previous Surname(s):       |
| Legal Given Name:       | Legal Middle Name:       |
| Date of Birth dd:       mm:       yyyy:       | Gender: [ ]  Female [ ]  Male |
| Preferred language for NBAD correspondence: [ ]  English [ ]  French |

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| **Home Mailing Address** |

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| No., Street, Apt. No., RR:       |
| City:       | Province:       | Country:       |
| Postal Code/Zip Code:       | Mobile Phone #:       | Home Phone #:       |
| Email:      A valid email address is essential. NBAD uses emails to communicate important information to members. Be sure that your email security settings allow mass emails from NBAD. |

Have you previously applied to NBAD?[ ]  Yes [ ]  No

If yes, did you complete:

 [ ]  KCAT. What was your last result? Level

 [ ]  PBA. What was your last result? Pass/Fail

 [ ]  Not applicable

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| If you have applied to NBAD in the past, you are not required to resubmit transcripts, practical training documents or World Education Services (WES) assessment. **You are only required to submit transcripts or letters for courses or training that you completed after your first application.****Note:** Language proficiency report must be current within two years. |

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| **REQUIRED DOCUMENTS** |

* The following documents must be sent directly to NBAD from the university or institutions.
* You are responsible to pay for the costs of translation of any documents related to your application that are in a language other than English or French. The translations must be completed by a certified professional translator. For documents which are sent directly to NBAD by a third party, you will provide the name of the translator that you have appointed. When the documents have been received from the University and/or other institution, NBAD will then forward the documents directly to the translator.

| **Required Document(s)** | **Degree/ Program Name****Including Name of University/Country** | **Duration and/or****Year of completion** | **Are these documents already on file from a previous application?** |
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| 1. **Academic Preparation**

 [ ]  [World Education Services (WES) Course by Course Evaluation](https://applications.wes.org/createaccount/) (sent directly to NBAD). Purchasing the [WES ICAP](https://www.wes.org/advisor-blog/wes-international-credential-advantage-package/) will include copies of your transcripts which are required. **AND** [ ]  Official Transcript for each degree/certificate (sent directly to NBAD by the institution or by WES if you purchase the [WES ICAP](https://www.wes.org/advisor-blog/wes-international-credential-advantage-package/)) | **1.**       | **1.**       | [ ]  Yes[ ]  No |
| **2.**       | **2.**       | [ ]  Yes[ ]  No |
| **3.**       | **3.**       | [ ]  Yes[ ]  No |
| 1. **Practical Training in Dietetics**

 [ ]  Official Transcript (sent directly to NBAD by the institution or WES) showing practical training was completed as a part of the degree **OR** [ ]  Official letter (sent directly to NBAD by the institution) from the University or Regulatory Body or Hospital which confirms that the degree(s) completed qualifies the applicant to practice as a Dietitian in the country where the institution is located  |  |  | [ ]  Yes[ ]  No |
| 1. **Language Proficiency**

 [ ]  TOEFL iBT Total Score of 79 (report must be sent directly to NBAD by the institution) [ ]  IELTS (academic) band score of 6.5 (report must be sent directly to NBAD by the institution) [ ]  Official letter confirming that English was the primary language of instruction in the applicant’s secondary or post-secondary schooling (letter must be sent directly to NBAD by the institution) [ ]  French language proficiency test (contact NBAD for further information) [ ]  Official letter confirming that French was the primary language of instruction in the applicant’s secondary or post-secondary schooling (letter must be sent directly to NBAD by the institution) | [ ]  Yes[ ]  NoResubmit if report is not current within two years. |
|  [ ]  **Name Change:** If your official transcripts are under a different name than the one you are currently using, you must enclose proof of your change in name with this application (e.g. document showing your old name (i.e. marriage certificate) and a government issued ID showing your current name (i.e. driver’s license, passport). |

**[ ]  I confirm that I have made arrangements for the documents listed above to be sent directly to the NBAD.**

Electronic Signature:       Date:

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| **DECLARATIONS** |

Carefully read and check all declarations below. Applications with declarations that are not checked will not be accepted.

I certify the above to be true, and understand that:

[ ]  If an applicant is found to have made a false or misleading statement, or an omission or misrepresentation in their application, any certificate of registration issued to them will be deemed invalid.

[ ]  I may not use the title “Dietitian” until the NBAD has confirmed that I am registered as a member of the NBAD.

[ ]  I must notify the NBAD, within 30 days, if there are any changes to the information provided on this form.

[ ]  Aggregate exam results will be used for statistical purposes.

Electronic Signature:       Date:

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| **ASSESSMENT FEE** |

Visa, Mastercard, cheques or money orders are accepted. Credits cards must be in Canadian currency. Please indicate how you intend to pay the assessment fee of $400:

[ ]  **Visa or Mastercard:** please call the NBAD office at (506) 386-5903 to pay by credit card. Do not email or indicate on this form your credit card number.

[ ]  **Cheque or Money Order:** mail a cheque or money order for $400 for the application fee to the NBAD office, payable to New Brunswick Association of Dietitians.

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| **NEXT STEPS** |

1. Make sure you have answered all of the questions in this application form. Incomplete forms will not be processed.
2. Ensure the form is signed and dated. Incomplete forms will not be processed.
3. Add NBAD’s domain registrar@adnb-nbad.com to your email service’s safe senders list (also called white list). NBAD sends many important communications by email (some are automated). If your email provider blocks the automated emails or sends them to your junk folder, you may miss important information causing delays in processing your application.
4. You will receive an email from NBAD once your application and fee have been received with details when your application will be assessment and when to expect the assessment results.