**Application for Credentials Assessment for
Internationally Trained Applicants**

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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| **General 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 Identity: [ ]  Female [ ]  Male [ ]  Transgender [ ]  Other |
| 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 preference for NBAD correspondence:       |

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

Have you previously applied to another Canadian dietetic regulator?[ ]  Yes [ ]  No
If yes, please specify which Canadian dietetic regulator:

Have you previously completed the Knowledge and Competency Assessment Tool (KCAT) and/or the Performance-Based Assessment (PBA)?

 [ ]  KCAT. What was your last result? Level

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

 [ ]  Not applicable

**Recognition of KCAT and PBA Results:** NBAD will recognize the KCAT Level I result (sufficient knowledge and competence) as meeting the academic requirements and a Pass result on the PBA as meeting the practical dietetic experience (internship/practicum) requirements for registration with NBAD. The results must be within the past three years to demonstrate currency. Contact the NBAD Registrar for more information at registrar@adnb-nbad.com.

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| **Required Documents** |

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

| **Required Documents** |
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| 1. **Academic Training\***

[ ]  [World Education Services Course-by-Course Evaluation International Credential Advantage Package](https://www.wes.org/advisor-blog/wes-international-credential-advantage-package/) (WES Course-by-Course ICAP; sent directly to NBAD) confirming that the transcript/degree are authentic and that the level of the degree is at least equivalent to a bachelor’s (undergraduate) degree in Canada.  **AND**[ ]  Official transcripts sent directly to NBAD by WES **or** each post-secondary institution that the applicant has attended. This includes transcripts related to:* nutrition/dietetics degree
* any other degrees completed
* any other post-secondary institution where the applicant has completed other courses (for example transfer credits or upgrading courses)

**AND**[ ]  Official course descriptions for all university courses taken (sent directly to NBAD by the institution). The course descriptions must be for the year in which each course was completed. If course descriptions for the exact year are not available, NBAD will accept available descriptions provided that:* The university clearly indicates whether or not the content of the course has changed since the applicant completed it.
* If the content has changed, the university must provide details about these changes.
 | **Degree/Program Nameincluding name of university and country****1.**      **2.**      **3.**       | **Start Date and Date of Completion (day, month, year)****1.**      **2.**      **3.**       |
| 1. **Practical Training in Dietetics\***

[ ]  Official transcript or letter (sent directly to NBAD by the institution or WES), showing practical training was completed as part of the degree. **OR** Official letter from the University, Regulatory Body or Hospital (sent directly to NBAD by the institution), which confirms that applicant’s degree qualifies them to practice as a Dietitian in the country where the institution is located.**AND**[ ]  Official letter from the University, Regulatory Body or Hospital that includes additional information regarding the applicant’s internship/practicum such as the length of program, detailed description of rotations, gained skills, etc. | **Degree/Program Nameincluding name of university and country**      | **Start Date and Date of Completion (day, month, year)**      |
| 1. **Language Proficiency in English or French\***

 [ ]  TOEFL iBT report with overall Score of 79 Report (report sent directly to NBAD from the institution). Language proficiency report must be current within two years. **OR** [ ]  IELTS (Academic) overall band score of 6.5 (report sent directly to NBAD from the institution). Language proficiency report must be current within two years. **OR** [ ]  French language proficiency test equivalent determined by NBAD (test results sent directly to NBAD by the institution). **OR** [ ]  Proof (sent directly from the institution to NBAD) that English or French was the primary language of instruction in the applicant’s secondary or post-secondary schooling. |
| 1. **Work Experience and Continuing Education (if applicable)**

[ ]  Provide a cover letter and resume outlining details of education activities and details of work experience obtained within the past three years prior to application that relate directly to dietetic practice and at a level that would be expected of a practicing Dietitian.  |
| 1. **Name Change Information**

[ ]  If the applicant’s official transcripts are under a different name than the name they are currently using, the applicant must enclose proof of their change in name with the application (e.g., document showing their old name (i.e., marriage certificate) and a government issued ID showing their current name (i.e., driver’s license, passport). |
| 1. **Prior Dietetic Registration\* (if applicable)**

[ ]  Documentation from prior or current dietetic registration boards that the applicant is a member in good standing and not under past or current proceedings for professional misconduct, incompetence or negligence. Sent directly to NBAD from the dietetic registration board. |
| 1. **Proof of Authorization to Work in Canada**

[ ]  Applicant must provide proof of Canadian Citizen or Permanent residency or authorization to work under the Canadian Immigration Act. |

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

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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” or other protected titles under the *NB Dietitians Act* 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.

[ ]  I authorize the NBAD to contact other Canadian Dietetic Regulatory Bodies, if applicable, to obtain information necessary to evaluate the application (for example, to obtain previous KCAT and PBA results).

**[ ]  I, the above named, provide my signature to this application form electronically.**

Electronic Signature:       Date:

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| **ASSESSMENT FEE** |

Visa, Mastercard, Interac e-Transfer, cheque or money order are accepted. Please indicate how you intend to pay the assessment fee of $600 CAD:

[ ]  **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 to the NBAD office, payable to New Brunswick Association of Dietitians.

[ ]  **Interac e-Transfer:** send Interact e-Transfer to registrar@adnb-nbad.com. If a password is required to be entered, please choose “nutrition”.

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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 electronically 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. Once all documentation and payment are received by the Registrar, it will be forwarded to the NBAD Registration Committee for review and decision. The Registrar will confirm receipt of the completed application submission and payment via email.

The NBAD Registration Committee will review the application, transcripts, course descriptions and information about the formal structure and learning objectives of practical training against the national standards for dietetics education and training programs in Canada and determine the applicant’s eligibility to continue the process. A consultant may assist the Registration Committee in the process of reviewing the application and providing guidance. The applicant will receive a written decision within 12 weeks of NBAD receiving a complete submission.