**Application for Registration**

**GENERAL INSTRUCTIONS**

Please read carefully before submission of your application. Complete all applicable sections and submit with necessary documentation and application fees.

1. Be sure you have included all documents requested. Documents must be original copies or be notarized copies (completed by a notary public, a government or a consular official). Applications cannot be processed until all documents are received.
2. Documents from educational institutions such as academic transcripts and certificates or letters of verification of internship or practical training must be sent directly from the educational institution by mail and not from the applicant. It is the responsibility of the applicant to ensure the necessary documents are received. Any costs in association with these documents are the responsibility of the applicant.
3. Where the name(s) of the applicant are different on certificates and other documents, or names are changed due to marriage, divorce or other circumstance, official documentation of the name change (copy of original document or notarized copy) must be provided.
4. Incomplete applications will not be processed and will be returned to the applicant.
5. All fees paid to NBAD are nonrefundable.
6. Complete application form and send by email, fax or post to the NBAD office.

**SPECIFIC INSTRUCTIONS FOR EACH TYPE OF APPLICANT**

**New Canadian Trained Applicant**

Requirements:

Application for Registration Form

Official transcript(s) from the university that granted your degree(s) in human nutrition sent directly from institution to NBAD office by mail – paper copy is required*(if graduation is at a later date, candidate will be required to submit another transcript once diploma is awarded)*

Official letter from a Canadian accredited internship/practicum program verifying your completion sent directly from institution to NBAD office by mail – paper copy is required

Canadian Dietetic Registration Exam (CDRE) Application Form

Criminal record check (current within one year). Criminal record checks can be done at:

* RCMP or city Police Station (mail original copy to NBAD office)
* CSI Background Screening: <https://www.csiscreening.com/canadian-criminal-record-checks/>  
  Select the -econsent (paperless and secure) option on the right-hand side.
* My Back Check: [www.mybackcheck.com](http://www.mybackcheck.com)

Proof of identification (front and back copy of a government issued photo ID)

All applicable fees

*Please note: If you have completed your education and/or dietetic internship/practicum more than 3 years prior to application, please expect your application to be assessed by NBAD prior to processing. Additional fees will be required for this process. Further information will be sent once your Application for Registration form is received.*

**Applicant Registered in Another Province**

Requirements:

Application for Registration Form

Verification Form: Contact your current jurisdiction of registration and ask that a ***Verification Form for labour mobility*** be completed and sent to NBAD. Your current provincial dietetic regulator will send copies of the following documents to NBAD: official transcripts, letter verifying completion of internship/practicum program, verification of registration with provincial regulator, CDRE results (if applicable), and marriage certificate (if applicable).

Verification Form(s) from other provinces: If you were registered with other provincial dietetic regulatory bodies, you must contact each one of them and ask that a Verification Form be completed and sent to NBAD.

Criminal record check (current within one year). Criminal record checks can be done at:

* Local RCMP or city Police Station (mail original copy to NBAD office)
* CSI Background Screening: <https://www.csiscreening.com/canadian-criminal-record-checks/>  
  Select the -econsent (paperless and secure) option on the right-hand side.
* My Back Check: [www.mybackcheck.com](http://www.mybackcheck.com)

Proof of identification (front and back copy of a government issued photo ID)

All applicable fees

**Courtesy Member Applicant**

Dietitians who are fully registered and in good standing with another provincial dietetic regulator may be granted a courtesy registration to practice dietetics with NBAD (minimum of 30 days to a maximum of 120 consecutive days).

Requirements:

Application for Registration Form

Verification Form: Contact your current jurisdiction of registration and ask that a Verification Form be completed and sent to NBAD. This is to confirm that you are registered as a member in good standing.

All applicable fees

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| **PERSONAL INFORMATION** |

Legal Given Name\*:         
Legal Given Middle Name\*:

Legal Surname\*:

*(name on your official documents, e.g. birth certificate, passport)*

Previous Surname(s) \*:

Do you use the legal name given above when you practice dietetics? \*  Yes  No

If no, please provide the name you use:

Date of Birth (Month, Date, Year)\*:

Gender\*:  Male  Female

Home Phone Number\*:

Cell Phone Number\*:

Home Address\*

Street Address:

City:

State / Province / Region:

Postal / Zip Code:

Country:

Preferred language for NBAD correspondence\*:  English  French  
Preferred email for NBAD correspondence\*:

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| **CANADIAN DIETETIC REGISTRATION EXAMINATION (CDRE)** |

Please check one of the following:

I have successfully passed the CDRE (the original copy or a notarized copy of CDRE Examination Report will be requested if not provided by a provincial dietetic regulator).

I have not previously written the CDRE.

I have previously written the CDRE, but have not successfully passed. Please indicate the dates and number of attempts:

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| **EDUCATION** **– Academic Qualifications and Dietetic Practical Training**\* |

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| --- | --- | --- | --- | --- |
|  | Name of Diploma | Name of Institution | Start Date (Day, Month, Year) | Date of completion or anticipated date of completion (Day, Month, Year) |
| Internship / Practicum Program |  |  |  | In progress |
| Undergraduate Degree |  |  |  | In progress |
| Undergraduate Degree |  |  |  | In progress |
| Post Graduate Degree |  |  |  | In progress |
| Post Graduate Degree |  |  |  | In progress |
| Other (e.g. special certification) |  |  |  | In progress |

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| **PREVIOUS REGISTRATIONS WITH A DIETETIC REGULATORY BODY**\* |

1. Have you previously been registered with NBAD?  Yes  No

*If you answered ’’yes’’, please provide your NBAD registration number:*

1. Do you currently hold a registration as a Registered Dietitian in another province, territory, state or country?  Yes  No

*If you answered ’’yes’’, please complete the table below.*

| Name of organisation | Effective date | Expiry date (leave blank if currently active) | Currently working in the jurisdiction | Conditions or limitations on registration (if applicable) |
| --- | --- | --- | --- | --- |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |
|  |  |  | Yes  No |  |

1. Have you been registered as a Registered Dietitian in another province, territory, state or country?  Yes  No

*If you answered ’’yes’’, please complete the table below.*

| Name of Jurisdiction | Year(s) of Registration |
| --- | --- |
|  |  |
|  |  |
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1. Have you ever been refused for registration with a body that is responsible for the regulation of a profession, either within or outside of Canada?  Yes  No

*If you answered ’’yes’’, please explain:*

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| **MEMBER CONTACT DIRECTORY** |

NBAD is making available a Member Contact Information Directory for those who wish to participate. This will facilitate sharing of resources amongst members and foster communication. This information will NOT be made available to the public.

I authorize NBAD to share my email address with NBAD members only:  Yes  No

I shall not sell, exchange or share any of the member contact information from the private directory to/with third parties.

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| **MANDATORY SELF-REPORTING OF OFFENCES** |

1. Have you been charged with or found guilty of an offence under the Criminal Code (Canada), Food and Drugs Act (Canada), the Controlled Drugs and Substances Act (Canada) or the equivalent in any other jurisdiction (within or outside Canada)? \*  Yes  No
2. Have any findings or judgments of professional negligence been made against you in any civil or criminal proceedings in New Brunswick, or any other province, territory, state, or country in relation to the practice of dietetics or of any other profession? \*  Yes  No
3. Have you been investigated, found guilty or been denied registration due to professional misconduct, incompetence, negligence, or incapacity in New Brunswick, or any other province, territory, state, or country in relation to the practice of dietetics or of any other profession? \*   Yes  No
4. To your knowledge, are you currently being investigated for professional misconduct, incompetence, negligence, or incapacity in New Brunswick, or any other province, territory, state, or country in relation to the practice of dietetics or of any other profession? \*   
    Yes  No
5. Have you been denied registration or currently have conditions or limitations imposed on a registration in New Brunswick, or any other province, territory, state, or country in relation to the practice of dietetics or of any other profession? \*  Yes  No

*If you have answered ‘’yes’’ to any of these questions, please provide details on a separate document to the NBAD office.*

I affirm that all information recorded on this form is true and accurate. False or misleading statements and omissions or misrepresentations are cause for disqualification.

Electronic Signature:       Date:

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| **2022-2023 REGISTRATION FEES** |

| Types of Fees | Current Fees |
| --- | --- |
| Administration Fee | $100.00 |
| Active and Temporary Registration Annual Fee: April 1, 2022 – March 31, 2023 | $435.00 |
| Half-Year Registration Fee for membership from October 1, 2022 to March 31, 2023 (Active and Temporary Registration) | $217.50 |
| Courtesy Registration Fee | $50.00 registration fee + $50.00 practice fee per 30 days |

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| **METHOD OF PAYMENT** |

Visa

MasterCard

Cheque

Money Order

Interact e-Transfer to [registrar@adnb-nbad.com](mailto:registrar@adnb-nbad.com) (if required to enter a password, choose: nutrition)

If paying with credit card, please call the NBAD office to provide credit card details or send in the mail. **PLEASE DO NOT EMAIL CREDIT CARD NUMBER.**

If paying by cheque or money order, please make it payable to **New Brunswick Association of Dietitians.**