**Application for Registration – Dietetic Intern**

**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, 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.

**CHECKLIST (following items must be provided to NBAD office)**

Application for Registration – Dietetic Intern

Letter of confirmation from a Canadian accredited internship/practicum program *– sent directly from institution to the NBAD office*

Criminal record check (current within one year) – *copy can be sent from the internship/practicum program*

Official transcript(s) from the university where you are completing or have completed your human food and nutrition degree(s) *– sent directly from institution to the NBAD office* ***by mail only (paper copy)***

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

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 Name(s) \*:

Do you use the legal name given above? \*  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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| **EDUCATION** **– ACADEMIC QUALIFICATIONS**\* |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name of Diploma | Name of Institution | Start Date (Day, Month, Year) | Date of completion or anticipated date of completion (Day, Month, Year) |
| 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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| **EDUCATION** **– DIETETIC PRACTICAL TRAINING**\* |

**Previous Dietetic Practical Training (if applicable)**

Name of Accredited Internship/Practicum Program:

Rotation/Affiliation Site(s) Location(s):

Date(s) of Rotation(s)/Affiliation(s):

Name of Accredited Internship/Practicum Program:

Rotation/Affiliation Site(s) Location(s):

Date(s) of Rotation(s)/Affiliation(s):

**Current Dietetic Practical Training (request for New Brunswick practical training)**

Internship/Practicum Program Coordinator Contact Information

Name of Accredited Internship/Practicum Program:

Name of Internship/Practicum Program Coordinator:

Telephone:

Email:

Address:

1. Rotation/Affiliation Site Coordinator/Mentor Contact Information

Rotation/Affiliation Site Location:

Date of Rotation/Affiliation:

Name of Site Coordinator/Mentor:

Telephone:

Email:

Address:

2. Rotation/Affiliation Site Coordinator/Mentor Contact Information

Rotation/Affiliation Site Location:

Date of Rotation/Affiliation:

Name of Site Coordinator/Mentor:

Telephone:

Email:

Address:

3. Rotation/Affiliation Site Coordinator/Mentor Contact Information

Rotation/Affiliation Site Location:

Date of Rotation/Affiliation:

Name of Site Coordinator/Mentor:

Telephone:

Email:

Address:

4. Rotation/Affiliation Site Coordinator/Mentor Contact Information

Rotation/Affiliation Site Location:

Date of Rotation/Affiliation:

Name of Site Coordinator/Mentor:

Telephone:

Email:

Address:

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

Please check one of the following:

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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| **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 |
|  |  |
|  |  |
|  |  |

1. Have you ever been refused for registration with a body that is responsible for the regulation of a profession in Canada or in another country?  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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| **DIETETIC INTERN APPLICATION FEE** |

**All applicants of Canadian accredited approved programs will pay a flat fee of $100.00.**

Once the Dietetic Intern registration is approved, it will expire after one calendar year from the date of issue and may be extended if the practical experience extends beyond that date. NBAD office must be advised of practical experience extension by the Dietetic Intern and the Dietetic Internship/Practicum Program Coordinator.

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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.**