Alliance of
Canadian Dietetic
Regulatory Bodies

Canadian Dietetic Registration Examination (CDRE)

Preparation Guide©

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This Guide contains important information. Please read thoroughly.

Regulation of Dietetic Practice in Canada

The Alliance of Canadian Dietetic Regulatory Bodies (the Alliance) strives to maintain a uniform competency standard for entry into the dietetics profession. Therefore, members of the Alliance share common requirements for academic and practical training, and entry-level competencies[1] based on highly similar scopes of practice, professional standards, and codes of ethics and conduct.

The Canadian Dietetic Registration Examination (the Exam) is a requirement for registration as a dietitian in Canada in all provinces except Quebec.

This Preparation Guide© has been developed to help you understand the Exam process. To obtain more information, contact your provincial dietetic regulatory body (See: Appendix A).

[1]The Integrated Competencies for Dietetic Education and Practice (Partnership for Dietetic Education and Practice, 2020) are referred to as the COMPETENCIES (See: Appendix B).

This is the only guide that has been approved for the Canadian Dietetic Registration Examination.

No other examination guide has been authorized, reviewed for reliability, or in any way confirmed to be representative of the Exam questions in style, content, or format. Adequate preparation is the responsibility of each candidate and ultimately is confirmed when the COMPETENCIES have been met.

The Alliance assumes no responsibility for information about the Exam obtained from unauthorized sources.

The Guide is also available in French : *Examen d'admission à la profession de diététiste au Canada—Guide de préparation*

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Purpose of the Exam

Dietetic regulatory bodies (which may also be referred to as colleges, associations or boards) protect the public by ensuring that only qualified people who have demonstrated competence to practice dietetics may become dietitians in Canada. (Please refer to Appendix A for the contact list of dietetic regulatory bodies). This ensures safe and effective dietetic services in Canada. Successful completion of the Exam enables entry into the dietetic profession via registration with the dietetic regulatory body in the Canadian jurisdiction where you have chosen to practice. It is not an exit exam from an internship or practical training program. It is designed to confirm competence to practice dietetics – this means that your practice-based knowledge and your ability to employ critical thinking by analyzing, interpreting and applying knowledge are at the level of minimal competence and that you are safe to practice.

The Exam is the final step in the registration process to become a registered dietitian and it has one purpose only: to distinguish between competent and non-competent practitioners.

Who Can Take the Exam?

To be eligible to take the Exam, you must meet the academic and practical training, and any other registration requirements as designated by the regulatory body which issued you a temporary membership or which deemed you to be eligible to take the examination. You may attempt the exam no more than three times. For more information, please contact the dietetic regulatory body.

These requirements include:

- completion of a four-year baccalaureate degree in an accredited program in foods and nutrition at a Canadian university or equivalent, and
- development and demonstration of the practicum COMPETENCIES (Appendix B) through an accredited practicum or equivalent

Refer to your regulatory body for any additional registration requirements.

Applying to Take the Exam

Refer to your dietetic regulatory body's website to confirm the date of the next Exam and the deadline for submitting your application. A complete application consists of the application form, applicable fees, and all the necessary supporting documents.

You will be informed of your eligibility to take the Exam once your regulatory body determines that you meet the registration requirements.

The exam is an online proctored exam. Requests to take the exam in-person at a testing centre must be made in writing to the provincial dietetic regulatory body by the accommodation deadline. Deadlines are stated on your provincial regulatory body's website.

To receive information about the Exam, it is important to keep the regulatory body informed of any changes in your contact information including your email address, home address and telephone number.

Temporary Registration

You may apply for temporary registration to practice while waiting to take the Exam. Temporary registration is granted for a limited time-period and those with temporary registration must take the next sitting of the Exam. Some regulatory bodies require candidates to have temporary registration to take the CDRE. The terminology used to describe this temporary registration that is issued prior to taking the Exam may differ from province to province. Contact your regulatory body for more information.

Consent to Share Information

The CDRE will be administered by Meazure Learning (Meazure). Testing will take place via an online remote-proctored process. Remote proctoring services are provided by a United States-based company, ProctorU. Personal information will be sent to Meazure and ProctorU, including where you completed your practicum, your name, email address, language, and temporary registration number, if applicable. This information will be collected, used, and disclosed according to their privacy policies and will be subject to US laws, including the US Patriot Act.

Exam Fee

The exam fee for the May 2026 exam is $600. Beginning with the November 2026 sitting, the fee for the exam will increase to $750. Contact your regulatory body for details on fee payments and due dates.

Scheduling an Appointment to Take the Exam

Once your regulatory body determines your eligibility to write the CDRE and you have paid the exam fee, you will then receive by email a CDRE Virtual Examination Booking Window Notification from Meazure. This provides information about how to schedule your appointment to take the Exam. You will choose the time and date during the two-day testing window. **Be sure to book your Exam in your time zone.** If you have not received an email from Meazure please check your spam folder. The website address to schedule an appointment to take the exam is https://cdre.ysasecure.com/.

Testing Your Technology

Once your appointment for the exam has been scheduled, Meazure will send an email confirming your exam appointment, and provide links to test your internet speed and computer capability. Ensure that you test your computer's capacity well in advance of the examination and on the day of the examination. If a Test-it-Out result is "fail", contact Meazure Learning for assistance. A common reason for a "fail" result is inadequate RAM usage. An applet is uploaded at the start of the exam and inadequate RAM usage will cause technical difficulties on the day of the exam.

Emails from Meazure include important information about the examination. ***Please read correspondence from Meazure carefully, including the section dealing with frequently asked questions: https://cdre.ysasecure.com/faq***

ProctorU Exam Information

Meazure will provide you with more details about ProctorU so please read the instructions carefully.

- Candidates must test on a hard surface (not a bed, couch or the floor).
- Avoid taking the exam in a room enclosed with glass walls.
- Choose a quiet, private setting to take the exam; avoid taking the exam in a public place, such as a coffee shop, outdoors, or library (unless in a private room).
- If you plan to take the exam at a school or workplace, meet with IT support before the day of the exam to ensure firewalls do not block the applet that is downloaded at the start of the exam.
- Candidates are not permitted to wear watches.
- Candidates require a mirror or reflective surface to show the proctor the monitor. This can include a cell phone with a front-facing camera or an external USB camera. This ensures there are no notes or writing attached to the monitor. Devices must be put away following the security check-in.

As virtual proctoring becomes a key delivery model, please ensure you understand and have reviewed all the materials about the exam including emails from Meazure and ProctorU.

Date and Frequency

The Exam is administered twice each year: May and November. The exam dates are posted on your regulatory body's website.

Language Options

The Exam is offered in English or French. You have the option to use the toggle function to switch between both languages throughout the exam.

A lexicon of English terms and definitions are in **Appendix C** to assist francophone writers. It contains words and phrases commonly used in dietetic practice that may not be used consistently in various regions across Canada. The lexicon will be available to you during the exam on the exam platform.

- **Exam Proctors**

  The exam proctors are not bilingual. Candidates requiring a French-speaking proctor must make a request to their regulatory body by the application deadline. Note: requesting a French proctor may require you to write the exam at a writing centre instead of online.

- **Geo-Fluent Translation Option**

  The exam platform has a translation chat option called "Geo-Fluent". This function allows the proctor to communicate with the candidate (and vice-versa) in French. To communicate in French with the proctor, click the chat icon to speak with a proctor and ask the proctor to start the "Geo-Fluent" function. This option does not need to be arranged in advance.

Accommodations

If you have a disability, temporary disability, or a special condition and wish to request an accommodation, ***you must request this in writing by the accommodation application deadline set for each exam administration***. Contact your regulatory body for the accommodation application deadline date. The request must be from a regulated health professional, who is specialized in assessing individuals with the type of disability or special condition.

If you miss the accommodation deadline set for the exam administration, you will be required to take the next scheduled CDRE sitting. The Alliance strongly discourages candidates from taking the CDRE without their required accommodation.

Please refer to this policy in Appendix D 'CDRE Candidates Requiring Accommodation for the complete procedure and process on requesting an accommodation.

Your request for accommodations must be made to your regulatory body by using Form A and Form B: Candidate Application for Testing Accommodations, Form B must be completed by an appropriate health care professional who is qualified to diagnose the impairment, has been involved in your assessment and has sufficient knowledge and expertise to identify what accommodation is needed in relation to the disability or special condition . For the forms, please see Appendix E, F and G.

The Alliance will endeavour to provide mutually satisfactory accommodations. There is no additional fee for accommodations. Once your accommodation has been approved, you will receive an email from both your regulatory body and Meazure. You will not be able to schedule your exam until your accommodation request has been approved.

Religious Reasons

If your religious convictions prevent you from writing the Exam during the two-day testing window, you may request to write the Exam on an alternative date or at an alternative time. You may request additional time to accommodate prayer during the sitting of the exam. Submit Form C: Candidate Application for Religious Accommodation (Appendix G) by the application deadline to request an accommodation for the exam.

Withdrawing from the Exam and Refunds

You have the option to cancel your appointment to take the CDRE through your Meazure account. However, to WITHDRAW your application, you must submit this request in writing to your regulatory body.

Withdrawing from the Exam within 14 calendar days of the exam – Submit your request to withdraw in writing to your regulatory body no later than 14 calendar days prior to the first day of the exam testing window. You may be charged your regulatory body's administration fee.

Withdrawing from the Exam within five days of the exam – Submit your request to withdrawal in writing to your regulatory body within five days prior to the first day of the exam testing window. You may be charged your regulatory body's administrative fee. You will also be charged the exam cancellation fee. If you were scheduled to take the online proctored exam, the fee is $91.80 + applicable tax. If you were scheduled to take the exam at a testing centre, the fee is $160.65 + applicable tax.

If you do not withdraw your application as per the above timeline OR do not write the Exam, the Exam fee may be FORFEITED, and you may be charged additional administrative fees. Contact your regulatory body for details.

Exceptions – Compelling Reasons:

Please note that under some circumstances, candidates may withdraw from the Exam on or near the scheduled exam date. If a candidate chooses to write the exam under circumstances that affect their ability to concentrate, the Exam result cannot be annulled.

If you are unable to write the Exam due to compelling reasons beyond your control, you may apply to your regulatory body for:

- an extension of the Exam eligibility period
- a refund of the Exam fee (minus any applicable administrative fees)
- withdrawal of candidacy
- an extension of your temporary registration (if applicable) in accordance with the regulations and policies of your regulatory body

Consideration will be given, but is not limited, to:

- accidents
- a death in the family
- illness
- family or personal crisis

To be eligible for a refund, you or your designate must apply in writing to your regulatory body. Clearly state the circumstances of why you were unable to write the Exam. This must be RECEIVED within 30 calendar days following the Exam date. Please include any supporting documentation. The regulatory body will inform you of its decision within 14 business days of receipt of your request. If your request for a refund is approved, the Exam fee will be refunded (minus any applicable administrative fees) and you will receive information regarding the next Exam administration.

A REFUND OF THE EXAM FEE WILL NOT BE GIVEN TO CANDIDATES WHO FAIL THE EXAM

If you held temporary registration prior to the Exam date, contact your regulatory body if you require an extension.

Preparing to Take the Exam

The following information will help you to understand more about the Exam process and how questions are developed.

The EXAM	What this Means
• is a CRITERION-REFERENCED exam	It compares all candidates to a single criterion, which is deemed to be MINIMAL COMPETENCE. This is how it differs from most of the other exams you have written which are norm-referenced and compare each candidate's performance to an arbitrarily set pass score.
• reflects dietetic practice in Canada • is based on the COMPETENCIES	There are seven categories of COMPETENCIES: *Food and Nutrition Expertise*, *Professionalism and Ethics, Communication and Collaboration, Management and Leadership, Nutrition Care, Population Health Promotion, and Food Provision.* The COMPETENCIES were developed and validated using a national process in 2020 through the Partnership for Dietetics Education and Practice. It is important to understand the COMPETENCIES as this will assist you to identify the competency category or specific competency or performance indicator that is being tested in an exam question (See: Appendix B).
• is NOT a diagnostic test of competence • result is Pass/Fail	The Exam is designed only to confirm whether you have demonstrated minimal competence. It is not designed to measure HOW competent you may be. Therefore, the result is PASS (you demonstrated minimal competence) or FAIL (you did not demonstrate minimal competence). Should you fail the Exam, this is the only reliable information that can be provided to you. Following a failure, a thorough review of the COMPETENCIES (Appendix B) is indicated.
• undergoes thorough and multiple screenings and review • this accounts for the cost of the Exam which is NOT profit-generating	A contracted testing agency with recognized expertise oversees the Exam development. The Exam Development Committee, Item Writers, and the French Exam Validation Committee are comprised of registered dietitians with experience and expertise representing all areas of practice from across Canada. Each question undergoes screenings to ensure the Exam tests: Competencies at the proficiency level of entry to practice realistic and practical aspects of dietetic practice that are national in scope

The EXAM	What this Means
• Exam and Question Format	• written in four hours – two, 2-hour parts with a 15-minute break between each part • 185 multiple-choice questions • passage-based questions with 3-6 questions related to a single passage (case/scenario) • independent questions
Cognitive Category • Each question tests one of three levels of cognitive ability: knowledge, comprehension, and critical thinking.	The Exam Blueprint (see Appendix H) indicates the percentage of questions on the exam for each Cognitive Category. • 15% Demonstrate broad knowledge • 35% Demonstrate comprehension • 50% Employ critical thinking by analyzing, interpreting, and applying knowledge The verb contained in the PERFORMANCE INDICATOR determines the cognitive category. For example, the term 'integrate' is associated with a higher cognitive complexity level than the terms "identify" or "apply."
Competency Category • Each question targets a PRACTICE COMPETENCY	The Exam Blueprint (see Appendix H) indicates the percentage of questions on the exam for each Competency Category. Each question tests one of the PERFORMANCE INDICATORS associated with a PRACTICE COMPETENCY. The distribution of exam questions is as follows: • 7% Food and Nutrition Expertise • 12% Professionalism and Ethics • 8% Communication and Collaboration • 12.5% Management and Leadership • 25.5% Nutrition Care • 18% Population Health Promotion • 17% Food Provision
The percentage of questions on the exam for the Performance Indicators is based on the following considerations: • Some COMPETENCIES have more PERFORMANCE INDICATORS than others. • Some PERFORMANCE INDICATORS are multidimensional. For example, "participate in meal planning (7.03d) may reflect cultural preferences as well as texture modification.	The Exam Blueprint (see Appendix H) indicates the percentage of questions on the exam for each PRACTICE COMPETENCY. It is not possible to test all PERFORMANCE INDICATORS in one exam.

The EXAM	What this Means
• Some PERFROMANCE INDICATORS relate to activities that pose a risk of harm. For example, "determine parenteral nutrition regimens." 5.03g)	
Contextual Variables • Client age/gender • Culture • Health care setting	Questions are designed to provide a cross-section of contextual variables representing entry-level dietetic practice in Canada Cultural issues are integrated in the Exam without introducing stereotypes.

Questions and Comments from Previous Candidates

Commonly Asked Questions and Comments	Exam Committee Responses
"*Can I take my calculator or other electronic device into the exam?"*	No. Security of the exam prohibits the use of calculators or other electronic devices. There is a note pad function, which can be used during the exam.
"*Will I have to remember lab values?"*	You will not need to remember lab values. You will be expected to be familiar with, and interpret the lab values an entry-level dietitian would deal with.
"Will I have to do calculations?"	You may be required to do basic math. The note pad function in the Exam software can be used during the Exam if needed.
"How is the French Exam developed?"	The English version of the Exam is professionally translated into French Each question is then reviewed by the French Validation Exam Committee composed of practicing francophone dietitians representing diverse areas of practice. Content accuracy, technical terminology and consistency in language are scrutinized and verified with recognized French resources. Expressions not common to all provinces are avoided. Special consideration is given to word count to match the length of the English version.
"I want to write the French exam. Can I have an English exam as well?"	Candidates have the option to use toggle function to switch between both languages throughout the exam. It is recommended that candidates be mindful of time if they repeatedly use the toggle function.
"How is the passing score set?"	When the pass score is set for the Exam, the degree of difficulty of each question is assessed for what is expected of a minimally competent entry-level dietitian.
"*The exam was too long. You could have confirmed my competence with fewer questions."*	Statistically, a minimum number of questions is required to assess competency. An exam of 185 questions ensures that the assessment is VALID and RELIABLE.
"There wasn't enough information provided."	Irrelevant information is excluded because it MISLEADS. ALL information needed to answer correctly is provided. Re-reading a question may be helpful if you think something is missing.
"I expected more knowledge-based questions."	A dietitian's work is DOING not just knowing. Competent practice requires appropriate KNOWLEDGE, COMPREHENSION AND CRITICAL THINKING including application questions assessing that they also confirm KNOWLEDGE**.**

Commonly Asked Questions and Comments	Exam Committee Responses
"*The exam should be essay format so I can explain my answers."*	Multiple choice format eliminates subjective marking. Scientific methodology confirms the VALIDITY and RELIABILITY of the Exam.
"Questions were repetitive and redundant."	Some types of client situations occur more frequently than others in dietetic practice. The Exam attempts to reflect current practice.
"It was unfair because in my practicum/setting I didn't have a rotation in pediatrics or health promotion.	Remember that you are being tested on the knowledge, application of knowledge and critical thinking related to the PRACTICE COMPETENCIES, not settings. You are expected to transfer your knowledge and skills from one setting to another.
"Some questions have more than one correct answer."	Each question has four options: one correct answer and three distracters. Distractors are designed to be plausible with faulty reasoning, inadequate reading, or inappropriate assumptions. *See "How to Read and Exam Question" (next page)*
"When will I get my exam results?"	Your regulatory body will release results to you within eight weeks of the exam. Each dietetic regulatory body determines when they release results to their candidates.
"Do questions refer to temperatures and weights in metric or imperial?"	Temperatures and weights are presented in both metric and imperial.

How to Read an Exam Question

Occasionally you may come across an aspect of a question's content that is not consistent with your own experience, or that may not seem plausible to you. Accept the scenario as presented. Remember, you are being tested on your ability to apply the PRACTICE COMPETENCIES in new settings. Internships, practical training and upgrading practicums differ across the country and what may seem unlikely to you has been judged REALISTIC and ENTRY-LEVEL in repeated screenings by experts.

STEP 1	
Read the text of the question to first determine: a) competency category b) cognitive level	Relate the question to one of the five competency categories: Are you asked to demonstrate competence in: FOOD AND NUTRITION EXPERTISE? PROFESSIONALISM AND ETHICS? COMMUNICATION AND COLLABORATION? MANAGEMENT AND LEADERSHIP? NUTRITION CARE? POPULATION HEALTH PROMOTION? FOOD PROVISION? Is the question simply asking for information? – Such questions are at the knowledge level. Is the question asking you to identify something about the information? – Such questions test comprehension of knowledge. Is the question asking you to analyze, interpret or apply knowledge? – Such questions test your ability to employ critical thinking.
STEP 2	
Re-read the text along with the options provided.	Determine if there is a temporal aspect (point in time) to the question. i.e., Are you being asked for an INITIAL step in a process or a concluding step?
STEP 3	
Choose the correct option of those provided.	Remember there are no trick questions. Wrong options are there to act as distracters to reveal FAULTY knowledge, comprehension of knowledge or critical thinking. Thinking there is not enough information is an indication that you need to go back to Step 1 and read more carefully. All the information needed to answer questions correctly IS provided. Irrelevant information is excluded because it wastes time and can mislead.
Try this 3-step process in the exercise on the following page.	

Exercise

1.
With a school board's agreement, a public health dietitian in collaboration with community partners has developed an education program for grade 3 students on healthy snacks. The program was piloted with children in two different schools and is now ready for use in all city schools. What is the best strategy for the dietitian to take?

1. Contact the school board to have the information put onto the board's website
2. Send copies of the program to all grade 3 teachers and offer in-service classes
3. Write a newsletter outlining the program plan and send to all school principals
4. Present the program to the parent school council in each school

*cognitive level*_____ *competency category*_____ *temporal aspect* _____

2.
In a small community hospital, a new product has been purchased to thicken liquids for clients with dysphagia. A new recipe has been developed. What should the foodservice dietitian do next?

1. Add the recipe to the nourishment binder and flag it for staff
2. Have foodservice staff attend an in-service to learn about the product and recipe
3. Write a memo about the product and provide to all foodservice staff
4. Ask the clinical dietitian to do a presentation on dysphagia to the foodservice staff

*cognitive level*_____ *competency category*_____ *temporal aspect* _____

3.
A 70-year-old physically inactive client with chronic constipation is referred for counselling following hip replacement surgery. The dietitian concludes that the client is following Canada's Food Guide and their diet contains at least 35 g of fibre each day. What should the dietitian do?

1. Document the assessment in the client's chart and refer them to the physiotherapist
2. Tell the client that they need to exercise more frequently
3. Tell the client that they are eating well and do not need to change their diet
4. Discuss the client's activity needs with them and the physiotherapist

*cognitive level*_____ *competency category*_____ *temporal aspect* _____

Answers on next page

Exercise Answers and Rationales (correct option is **bolded**)

On first reading, you might mistakenly classify these as community, foodservice and clinical questions. These labels correctly apply to the settings, but not to the intent of the questions. In fact, all three questions target the same competency and the same performance indicator.

COMPETENCY: COMMUNICATION AND COLLABORATION
Performance indicator: 3.01 b. Use communication approaches appropriate to context.

In addition, all 3 questions are of the same cognitive domain: Employ critical thinking by analyzing, interpreting, and applying knowledge

Q1	
Option 1.	Leaves communication up to the client, no active communication by the dietitian
Option 2.	**The dietitian communicates the program to the clients (teachers) who will use it; thoroughness is demonstrated by offering an in-service**
Option 3.	Leaves it to principals to communicate with clients, no active communication by dietitian
Option 4.	Although it reaches some parents, it does not communicate with teachers and children

Q2	
Option 1.	Leaves communication up to client, no active communication by the dietitian
Option 2.	**The dietitian communicates the new product information to those using it**
Option 3.	Assigns a lesser priority to the initiative by providing a memo; does not communicate with the staff who will use the new product
Option 4.	The presentation is on dysphagia, not on the new product/recipe *As written, this option could be acceptable as a next step in the implementation process. This emphasizes the need to read the 'temporal' aspect of questions. Although not all small community hospitals employ both foodservice and clinical dietitians, you are asked to accept this scenario in this question*.

Q3	
Option 1.	No active communication with the client
Option 2.	Telling the client what to do is not effective implementation/communication
Option 3.	Eliminates any communication with the client about what the best plan is
Option 4.	**The dietitian communicates the plan with the client and appropriate others**

Refer to appendices that support you to prepare for the Exam: Example Questions (See: Appendix I), Example Answers (See: Appendix J , References (See: Appendix K).

On the Day of the Exam:

- On the day of the exam, the remote online proctor will validate your identity. Your first and last names in the Meazure Learning system MUST match the name on your government-issued photo identification. You must present a current, valid (not expired) government-issued photo identification with signature (e.g., driver's license, passport).
- Once you are connected with a virtual online proctor, you will be asked to read and agree to the Meazure 'Candidate Rules Agreement' (See: Appendix L) and the 'Candidate Declaration to Maintain Confidentiality'. Please note that you and your computer screen are video recorded through your webcam.
- You will be asked to pan the examination room. Your physical workspace must be completely cleared except for any approved materials. Approved materials include disposable earplugs (without wires) and an unlabeled beverage container (e.g., water bottle, coffee mug). Please note that an accommodation to allow food may be made at the discretion of the Alliance based on appropriate documentation of the medical reason(s). Please refer to the page six (6) for information about accommodations.
- **If you connect to a proctor 60 minutes after the scheduled connection time, you will be denied access to the examination and the exam will show "expired."**
- If you miss your examination sitting, please contact your dietetic regulatory body for next steps.
- Follow all directions given by the virtual online proctor.
- The examination is divided into two, 2-hour parts. You have two hours to complete each part. Once you submit Part I of the exam, you cannot go back to access any questions, including any unanswered or flagged questions. There is a standard 15-minute scheduled break between Part I and Part II of the exam. You may leave the exam room during the break. The examination will automatically resume 15 minutes after completing Part 1. You may choose to resume the examination after 5-minutes if you do not want to take a 15-minute break. When the exam resumes, you do not have to wait for the proctor to pan the room to start the exam.
- If you experience technical difficulties (for example, disconnection) during the exam, contact your proctor through the 'Click on "*Having Trouble with an Exam*" and then "*I am a test-taker*". You will see options at the bottom of the screen. The **Live Chat** function is available on every window of the remote proctoring system. The proctor will assist you to the best of their ability.
- You will be prompted to download the LogMeIn Rescue applet at the very beginning of the pre-checks. This applet connects you to the proctor who oversees your exam.
- In advance of the exam, ensure that your computer does not have applications that allow remote access, remote login, or other forms of outside assistance.
- Agreement to terms and conditions will be required before moving forward with the exam.
- The lexicon of English terms for Francophone writers (Appendix C) is the only permitted resource to access during the exam and will be clearly listed prior to the exam and during the pre-checks.
- As soon as the pre-checks begin you will be added to the queue for connection to a proctor.
- **Cell phone use is not permitted during the entirety of the exam including the break between Part I and Part II. Cell phone use is only permitted after Part II of the exam has been submitted.**
- Speaking out loud during the exam is prohibited.
- The online proctor will observe you during the examination and prompt you if, for example, you are reading aloud, the lighting is inadequate, they view prohibited items in your workspace or if you are outside of the camera view.

Cheating and Disqualification

Cheating can include, but is not limited to any one or more of the following:

- having another individual pose as a registered candidate
- bringing study materials to your desk
- referring to electronic devices during the exam
- seeking or giving aid to another candidate
- communication of any kind with another candidate or person
- failure to follow the online proctor's directions

Refer to Appendix M: Breach of Exam Integrity and Security

Exam Scoring

The Exam is PASS/FAIL. The passing score is based on the degree of difficulty of each question, which determines the overall score required to pass the Exam. You will not receive a grade score. A percentage mark would imply your skills were being evaluated, which would be misleading.

Your answers will be computer-scored. Results will be received within eight weeks of the exam by your regulatory body. Each regulatory body determines when they release results to their candidates. Your PASS/FAIL status is released only to you.

Appeals

Candidates who have a failing score on the Exam have the right to appeal their result. The appeal decision is made by the Alliance's Appeals Committee. The following circumstances may support an appeal request but are not limited to the following conditions:

- exam procedures that vary significantly from the standard
- extraordinary circumstances (e.g. bomb scare or fire alarm during exam which led to substantial interruption)
- accommodation (approved by the Alliance CDRE Accommodations Committee) not adequately implemented for the exam.

The appeal procedure is to:

- send a written request by mail or email detailing the nature of your appeal to your regulatory body; this must be received within 20 calendar days of the date the regulatory body notified you of your Exam result
- include the $75 fee + applicable taxes with your appeal
- contact your regulatory body for more information on the appeal procedure

If your appeal is successful**,** you will be permitted to write the next Exam and the Exam that was appealed will not be counted as a failed attempt. The appeal fee will ***only*** be refunded for an administrative-related appeal. The candidate is permitted to re-write the next administration of the Exam at no additional cost ***only*** for an administrative-related appeal.

If you experience irregularities in the exam administrative process that impact your ability to successfully complete the Exam, communicate the issues to the Exam invigilator on the day of the exam. It is also recommended that you describe the irregularities on the post-exam survey.

If you held temporary registration prior to writing the Exam, check with your provincial regulatory body about extensions and/or reinstatement.

Request for Nullification

The following information pertains to candidates who feel their capacity was significantly impaired by personal circumstances. Candidates who became ill during their examination or wrote despite a personal unforeseen circumstance outside of the candidate's control, may submit a request for nullification. **Candidates who do not submit a request for nullification in accordance with the requirements below cannot appeal an Exam failure based on the health impairment that arose during the examination.**

The request for nullification procedure is to:

- submit a request for nullification (see Appendix N) within ten (10) business days of the examination date.
- outline the grounds for nullification, and include an original, signed medical report that attests to the impaired health status. Ensure that the report is signed by an appropriate health professional. This professional must be registered to practice in their province, and they must have assessed the candidate and attested to the impaired health status and capacities. The health professional must be regulated and be qualified to diagnose the illness.
- If the request for nullification is not due to illness, include evidence to support the personal circumstances that impacted capacity. Include the $75 + applicable tax with your request for nullification.

The regulatory body will acknowledge the nullification request from the candidate within ten (10) business days of receiving the request and confirm that the request has been forwarded to the Alliance's Appeals Committee.

Following the review of the nullification request, the regulatory body will notify the candidate in writing of the Appeals Committee's decision.

If the nullification is granted:

- The candidate will re-write the CDRE at the next administration of the examination at a cost-recovery fee. This fee will reflect the fixed costs associated with administering the exam. The cost to take the online proctored exam is $91.80 + applicable taxes. The cost to take the exam at a testing centre is $160.65 + applicable taxes. The nullified examination will not be counted as an attempt.
- The nullified examination result will not be provided to the candidate.

Contact your provincial dietetic regulatory body for more information on the nullification procedure.

Failure and Re-application

Candidates will be informed of the procedure for the next administration of the Exam at the time of notification of failure. A candidate who fails their first attempt will have two additional attempts to pass the Exam. Additional education and/or practical training may be required AFTER A SECOND FAILURE, as determined by the regulatory body, before the applicant can make their final attempt at the Exam. The exam fee is charged for each attempt.

Post Exam Survey

You will receive an email to participate in a post-exam survey to collect information about your experience taking the CDRE. *It is important that you complete the survey. Your responses will support quality assurance and identify any irregularities in the exam administration.*

Additionally, should you be unsuccessful on the Exam and pursue an appeal, your survey responses will be considered during the appeal process.

Your responses are not anonymous because the Appeals Committee considers candidates' responses when making decisions about their requests for appeals. All personal and identifiable information is kept confidential and stored securely. There are no negative repercussions associated with providing a survey response.

Appendix A

Canadian Dietetic Regulatory Bodies

Province	Contact Information
British Columbia College of Health and Care Professionals of British Columbia (CHCPBC)	900-200 Granville Street Vancouver, BC V6C 1S4 Phone (604) 736-2016 Fax: (604) 736-2018 Toll free in BC: 1-877-736-2016 E-mail: registration@chcpbc.org
Alberta College of Dietitians of Alberta (CDA)	1320, 10123 99 Street Edmonton, AB T5J 3H1 Phone: (780) 448-0059 Fax: (780) 489-7759 Toll free: 1-866-493-4348 E-mail: registration@collegeofdietitians.ab.ca
Saskatchewan Saskatchewan College of Dietitians (SCD)	Box 277 Rosetown SK S0L 2V0 Phone: (306) 359-3040 Fax: (306) 359-3046 E-mail: registrar@saskdietitians.org
Manitoba College of Dietitians of Manitoba (CDM)	208-584 Pembina Highway Winnipeg, MB R3M 3X7 Phone: (204) 694-0532 Fax: (204) 889-1755 Toll Free: 1-866-283-2823 E-mail: office@collegeofdietitiansmb.ca
Ontario College of Dietitians of Ontario (CDO)	175 Bloor Street East, Suite 601 North Tower Toronto, ON M4W 3R8 Phone: (416) 598-1725 Fax: (416) 598-0274 Toll free: 1-800-668-4990 E-mail: registration@collegeofdietitians.org
Québec Ordre des diététistes nutritionnistes du Québec (ODNQ)	55 Sherbrooke Street Ouest, Tour Ouest, bureau 1855 Montréal, QC H3H 1B9 Phone : (514) 393-3733 Fax : (514) 393-3582 E-mail: info@odnq.org
Nova Scotia Nova Scotia Regulator of Dietetics	1597 Bedford Highway, Suite 202 Halifax, NS B4A 1E7 Phone : (902) 223-5718 E-mail:info@nsrd.ca
New Brunswick New Brunswick Association of Dietitians (NBAD/ADNB)	PO Box 7344 RPO Jean-Coutu Riverview NB E1B 4T9 Tel: (506) 386-5903 E-mail: registrar@adnb-nbad.com
Newfoundland and Labrador Newfoundland and Labrador College of Dietitians (NLCD)	P.O. Box 1756, St. John's NL A1C 5P5 Phone:(709) 753-4040 Fax: (709) 753-1044 E-mail: registrar@nlcd.ca
Prince Edward Island College of Dietitians of Prince Edward Island (CDPEI)	Box 362 CTL Charlottetown, PEI C1A7K7 Phone: (902) 892-9234 E-mail: registrar@peidietitians.ca

Appendix B

Integrated Competencies for Dietetic Education and Practice

(Partnership for Dietetic Education and Practice, 2020)

Appendix C
Lexique bilingue pour les candidats
(version de avril 2026)

Ce document vise à communiquer la terminologie utilisée dans le cadre de l'examen afin de permettre aux candidats de mieux se préparer. Les termes techniques de ce document ont été vérifiés par des diététistes ou tirés de documents de référence renommés.

- Les termes retenus sont ceux qui sont considérés comme potentiellement ambigus en raison de variance régionale dans le vocabulaire ou de nouveauté des concepts.
- Les termes du présent lexique ne sont pas tous nécessairement dans l'examen en cours. De plus, la liste des termes ne couvre pas tous les termes utilisés dans l'examen.
- Lorsque plusieurs équivalents sont indiqués, le terme en **gras** est celui qui sera privilégié dans la traduction de l'examen. Dans les cas où le terme anglais a plusieurs traductions possibles, il y a une mention « selon le contexte » dans l'entrée.

Remarque sur les genres utilisés dans l'examen :
Pour faciliter la lecture de l'examen, les mots désignant des personnes, qu'ils soient de genre féminin, neutre ou masculin, visent à représenter toute personne sans égard au genre (femme, personne de genre neutre et homme), à moins que le contexte s'applique explicitement à un genre précis.

Anglais vers le français

Anglais	Français
accountability	responsabilisation; obligation de rendre des comptes; reddition de comptes (selon le contexte)
accountability framework	cadre de responsabilisation
alternative food choice	choix alimentaires de remplacement; choix alimentaires alternatifs
apply for a grant (to…)	présenter ou faire une demande de subvention
assisted-living facility	**résidence avec services**, résidence avec aide à la vie autonome
baby formula; **infant formula**	**préparation commerciale pour nourrissons**; préparation lactée pour nourrissons
beltline	courroie
benchmarking	analyse comparative (*benchmarking*)
binge	**hyperphagie boulimique**; rage alimentaire
blood urea nitrogen (BUN)	azote uréique sanguin (AUS)
breakfast	**petit-déjeuner;** déjeuner
business case	plan d'affaires; analyse de rentabilité de l'entreprise; diagnostic de l'entreprise (selon le contexte)

Anglais	Français
Canada's Dietary Guidelines	Lignes directrices canadiennes en matière d'alimentation
capital equipment	**équipement coûteux**; équipement de capital; équipement de plus de XX $
caregiver	aidant/proche aidant (personne âgée); personne qui s'occupe de l'enfant; soignant (selon le contexte)
cold-plate meal tray	système de distribution de repas en liaison froide
consulting dietitian	**diététiste-conseil**, diététiste-consultante
cook-chill operation	**système en liaison froide**; système en chaîne froide
department	**service,** département
diet (or nutrition) history	**antécédents diététiques**; histoire
Dietary Approaches to Stop Hypertension (DASH) diet; DASH diet	**régime DASH;** Combattre l'hypertension par l'alimentation
Dietary Management System (DMS)	système de gestion informatisée des menus
dietary pattern	**patron alimentaire**; modèle d'alimentation
dinner; supper	souper
eating pattern	modèle d'alimentation
eating plan; meal plan	plan alimentaire
efficacy	efficacité
efficiency	efficience
entrée	plat principal
fluid balance chart	registre du bilan hydrique
food habit	habitudes alimentaires
food safety	salubrité alimentaire; innocuité des aliments
food security	**sécurité alimentaire**
food security asset	ressource relative à la sécurité alimentaire
Hazard Analysis Critical Control Point (HACCP)	Analyse des risques et maîtrise des points critiques (ARMPC)
health belief model	modèle de croyance en santé
health benefits	**avantages médicaux**, avantage santé
health region	**région sanitaire**, régie de santé
hedonic patient survey	sondage hédonique auprès des patients
heighten awareness (to…)	sensibiliser à; augmenter le niveau de sensibilisation (selon le contexte)
hypoglycemia unawareness	non-perception de l'hypoglycémie
IDDSI	IDDSI (International Dysphagia Diet Standardisation Initiative)
inactive lifestyle	**mode de vie sédentaire**, mode de vie inactif
infant formula; baby formula	préparation lactée pour nourrissons; **préparation commerciale pour nourrissons**

Anglais	Français
input	avis; commentaires; contribution (selon le contexte)
lifestyle screening	questionnaire sur le mode de vie
lunch	**dîner**; repas du midi; déjeuner
mark-up factor	facteur de majoration
marketing channel	chaîne de marketing
meal plan; eating plan	plan alimentaire
oral disease	**maladies buccodentaires**; maladie de la cavité buccale
organic	**biologique; bio;** organique
parenteral nutrition (PN)	nutrition parentérale totale (NP)
policy report	**rapport de politique**; rapport d'orientation
popsicle	sucette glacée
produce	fruits et légumes
raise awareness (to…)	promouvoir, sensibiliser (selon le contexte)
raw food cost	coût brut des aliments
round	**tournée médicale**; ronde médicale
safe food	aliment qui ne provoque pas de réaction; aliment sécuritaire/toléré/accepté (selon contexte)
Safety Data Sheet	**fiche de données de sécurité**; fiche signalétique (ancien terme)
shift (work)	**quart de travail;** relais de travail
snack	**collation;** goûter
(menu) special	plat du jour (au menu)
supper; dinner	souper
stakeholders	parties prenantes; décideurs
substitute decision maker	**mandataire spécial**; décideur au nom d'autrui
SWOT analysis	**analyse FFPM**
traditional foods	aliments traditionnels
train-the-trainer	formation des formateurs
trayline	courroie d'assemblage
utilities	services publics
wild foods	aliments traditionnels (chez les Autochtones)
work shift	**quart de travail;** relais de travail

Français vers l'anglais

Français	Anglais
avantages médicaux, avantage santé	**health benefits**
avantage santé, **avantages médicaux**	**health benefits**
aidant/proche aidant (personne âgée); personne qui s'occupe de l'enfant; soignant (selon le contexte)	**caregiver**
aliment qui ne provoque pas de réaction; aliment sécuritaire/toléré/accepté (selon contexte)	**safe food**
aliments traditionnels	**traditional foods**
aliments traditionnels (chez les Autochtones)	**wild foods**
analyse comparative (*benchmarking*)	**benchmarking**
Analyse des risques et maîtrise des points critiques (ARMPC)	**Hazard Analysis Critical Control Point (HACCP)**
analyse FFPM	**SWOT analysis**
antécédents diététiques; histoire	**diet (or nutrition) history**
Avis; commentaires; contribution (selon le contexte)	**input**
azote uréique sanguin (AUS)	**blood urea nitrogen (BUN)**
biologique; bio; organique	**organic**
cadre de responsabilisation	**accountability framework**
chaîne de marketing	**marketing channel**
choix alimentaires de remplacement; choix alimentaires alternatifs	**alternative food choice**
collation; goûter	**snack**
courroie	**beltline**
courroie d'assemblage	**trayline**
coût brut des aliments	**raw food cost**
décideur au nom d'autrui; **mandataire spécial**	**substitute decision maker**
département, **service**	**department**
dîner; repas du midi; déjeuner	**lunch**
diététiste-conseil, diététiste-consultante	**consulting dietitian**
diététiste-consultante, **diététiste-conseil**	**consulting dietitian**
efficacité	**efficacy**
efficience	**efficiency**
équipement coûteux; équipement de capital; équipement de plus de XX $	**capital equipment**
facteur de majoration	**mark-up factor**
fiche de données de sécurité; fiche signalétique (ancien terme)	**Safety Data Sheet**

Français	Anglais
formation des formateurs	**train-the-trainer**
fruits et légumes	**produce**
habitudes alimentaires	**food habit**
hyperphagie boulimique; rage alimentaire	**binge**
IDDSI (International Dysphagia Diet Standardisation Initiative)	**IDDSI**
Lignes directrices canadiennes en matière d'alimentation	**Canada's Dietary Guidelines**
maladies buccodentaires; maladie de la cavité buccale	**oral disease**
mandataire spécial; décideur au nom d'autrui	**substitute decision maker**
mode de vie sédentaire, mode de vie inactif	**inactive lifestyle**
mode de vie inactif, mode de vie sédentaire	**inactive lifestyle**
modèle d'alimentation	**eating pattern**
modèle de croyance en santé	**health belief model**
non-perception de l'hypoglycémie	**hypoglycemia unawareness**
nutrition parentérale totale (NP)	**Parenteral nutrition (PN)**
organique; **biologique; bio**	**organic**
parties prenantes; décideurs	**stakeholders**
patron alimentaire; modèle d'alimentation	**dietary pattern**
petit-déjeuner; déjeuner	**breakfast**
plan alimentaire	**eating plan; meal plan**
plan d'affaires; analyse de rentabilité de l'entreprise; diagnostic de l'entreprise (selon le contexte)	**business case**
plat du jour (au menu)	**(menu) special**
plat principal	**entrée**
préparation commerciale pour nourrissons; préparation lactée pour nourrissons;	baby formula; **infant formula**
préparations lactées pour nourrissons; **préparation commerciale pour nourrissons**	**infant formula**; baby formula
présenter ou faire une demande de subvention	**apply for a grant (to…)**
promouvoir, sensibiliser (selon le contexte)	**raise awareness (to…)**
quart de travail; relais de travail	**shift (work)**
questionnaire sur le mode de vie	**lifestyle screening**
rapport de politique; rapport d'orientation	**policy report**
régime DASH; régime Combattre l'hypertension par l'alimentation	**Dietary Approaches to Stop Hypertension (DASH) diet; DASH diet**
régie de santé, **région sanitaire**	**health region**
région sanitaire, régie de santé	**health region**
registre du bilan hydrique	**fluid balance chart**
relais de travail; **quart de travail**	**work shift**

Français	Anglais
résidence avec aide à la vie autonome; **résidence avec services**	**assisted-living facility**
résidence avec services, résidence avec aide à la vie autonome	**assisted-living facility**
responsabilisation; obligation de rendre des comptes; reddition de comptes (selon le contexte)	**accountability**
ressource relative à la sécurité alimentaire	**food security asset**
salubrité alimentaire; innocuité des aliments	**food safety**
sécurité alimentaire	**food security**
sensibiliser à; augmenter le niveau de sensibilisation (selon le contexte)	**heighten awareness (to…)**
service, département	**department**
services publics	**utilities**
sondage hédonique auprès des patients	**hedonic patient survey**
souper	**supper; dinner**
sucette glacée	**popsicle**
système de distribution de repas en liaison froide	**cold-plate meal tray**
système de gestion informatisée des menus	**Dietary Management System (DMS)**
système en liaison froide; système en chaîne froide	**cook-chill operation**
tournée médicale; ronde médicale	**round**

Appendix D

'CDRE: Candidates Requiring Accommodation

INDEX NO:	**CDRE EXAMINATION Policy #6**
SUBJECT:	**Candidates Requiring Accommodation**
APPROVAL BY ALLIANCE:	**July 2025**

POLICY STATEMENT

1. A candidate who has a disability, a temporary disability, special condition, religious and other reasons that warrants accommodation may request accommodations to take the examination. When considering a request for an accommodation, the Alliance must balance the rights of the candidate with the mandate of the provincial dietetic regulatory bodies to protect the public interest through a fair, secure, valid, and reliable licensing exam.

2. The candidate is responsible for submitting a written request for accommodation to the provincial dietetic regulatory body by the deadline date set by the Alliance for accommodation requests. Requests for accommodation will be sent to the Alliance CDRE Accommodation Committee eight weeks before the first day of the CDRE writing window. The process for requesting an accommodation is described below. The written request must include the following information:

    a) Completion of Form A (Candidate Application for Testing Accommodations) [Appendix E of the CDRE Preparation Guide] by the candidate; and

    b) Completion of Form B (Candidate Application for Testing Accommodations [Appendix F of the CDRE Preparation Guide] by the appropriate health care professional and any indicated supporting documentation. The Alliance reserves the right to seek another expert opinion. An appropriate health care professional who is qualified to diagnose the impairment or condition, has been involved in the candidate's assessment and has sufficient knowledge and expertise to be able to identify what accommodation is needed in relation to the disability or special condition.

    Note: "Testing Anxiety" is normally not seen as a disability unless it is a limitation of a more encompassing psychiatric disorder.

    c) Completion of Form C (Candidate Requiring Accommodation for Religious Reasons) [Appendix G of the CDRE Preparation Guide].

3. The decision to approve or deny an accommodation request will be made by the Alliance CDRE Accommodations Committee. Accommodations granted for the candidate in other testing situations does not ensure approval of a request for accommodation on the CDRE. Decisions will be communicated to the provincial dietetic regulatory body by completing Form E.

4. The Alliance reserves the right to refuse any accommodation request that threatens the psychometric soundness, reliability, fairness, and security of the CDRE. In this case, the Alliance will determine an alternative accommodation.

5. If the Alliance agrees that an accommodation is warranted, every reasonable effort will be taken, short of undue hardship, to ameliorate the impact of the candidate's disability/condition. This means, the approved accommodation does not have to be the first choice of the candidate nor the most expensive or comprehensive option. A reasonable testing accommodation is an adjustment or modification of the standard testing conditions that does not alter the nature of the examination or the ability to determine whether the candidate possess the essential knowledge, skills and abilities required to practice dietetics nor impose an undue burden on the Alliance and other candidates.

6. The candidate is responsible for associated costs with the accommodation request (for example, the costs associated with the completion of Form B by a regulated health professional). The candidate is responsible for participating in the accommodation process, which may include providing additional information to the Alliance upon request and considering alternative accommodation proposed by the Alliance.

7. The Alliance is responsible for all costs associated with providing the approved accommodations.

8. Documentation received from the candidate related to the accommodation application will not be released to any third party.

9. The provincial regulatory body communicates the decision in writing to the candidate as set out in 'Form E' completed by the Alliance CDRE Accommodation Committee.

10. The candidate may be required to submit a new accommodation application for each repeated attempt. The Alliance may request supporting documentation from a third party depending on the circumstances. The candidate must identify with the provincial dietetic regulatory body the need to submit a new accommodation application. The provincial dietetic regulatory body will consult with the Alliance CDRE Accommodation Committee to determine if a new accommodation request is required for a repeated attempt.

11. Any and all information and documentation obtained by the provincial dietetic regulatory body in the course of the accommodation request can be used internally by the provincial dietetic regulatory body for any of its regulatory functions. The information and documentation will become part of the applicant's registration file.

12. The CDRE Preparation Guide and other exam materials shall be made available in such reasonable formats as necessary to meet the candidate's needs as per the appropriate health care professional report.

13. The Alliance shall maintain a record of accommodations and endeavour to maintain consistency when granting accommodations.

Note: Education programs should advise students early in their program that accommodations granted during university may not be granted in a professional exam. An accommodation for a professional exam enables the candidate to access the exam (removes the barrier that prevents the candidate from displaying their knowledge) but does not compromise the exam's ability to assess competency.

Alliance of Canadian Dietetic Regulatory Bodies

APPENDIX E
Form A: Candidate Application for Testing Accommodations

A candidate who has a disability, a temporary disability or special condition that warrants accommodation may request accommodations to take the examination. The Alliance must balance the rights of the candidate with the mandate of the provincial dietetic regulatory body to protect the public interest through a fair, secure, valid, and reliable licensing exam.

The Alliance and the provincial regulatory body will not release copies of the documentation received from the candidate related to the accommodation application to any third party. The Alliance will release information to the testing provider that is necessary for the accommodation process. The Alliance and provincial regulatory bodies collect and share information in accordance with their privacy policies. Any and all information and documentation obtained by the provincial dietetic regulatory body in the course of the accommodation request can be used internally by the provincial dietetic regulatory body for any of its regulatory functions.

You are not required to share information with us but if you do not share pertinent information, we may not be able to provide the requested accommodation. Additional information and supporting documentation may be requested.

Name:	Phone Number:
Mailing Address:	
Email:	Exam Language: ☐ English ☐ French
Name of provincial regulatory body:	Exam Date:

Describe why this disability/condition prevents you from writing the exam in the usual method and/or environment. [1]

Provide a description of past testing accommodations granted, if any, including those provided throughout your education program. If previous accommodations were granted during your education program, arrange for documentation to be sent directly from the program to the regulatory body.

_____

_____

_____

_____

Candidate Signature: _____

Date: _____

DECLARATION:

I certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disqualification.

Candidate Signature: _____ Date: _____

Accommodation decisions are communicated as soon as possible prior to the CDRE sitting.

[1] The CDRE is a computer-based four-hour exam and is offered in two, 2-hour parts. There is a 15-minute scheduled break after part one of the examination. The CDRE is either administered by remote proctoring in a virtual format or is taken in a test room with other writers.

Alliance of Canadian Dietetic Regulatory Bodies

APPENDIX F
Form B: Candidate Application for Testing Accommodations

If you have a disability, temporary disability, or a special condition that may require an accommodation when writing the Canadian Dietetic Registration Exam (CDRE), please complete Section A of this form and forward it to an appropriate health care professional, who, in Section B, must describe the specific accommodation you need, along with rationale for this recommendation. The health care profession is to send the completed form and any indicated supporting documentation directly to the provincial dietetic regulatory body. The diagnosis may be redacted.

Name of the provincial dietetic regulatory body: _____

Address: _____

Fax: _____

SECTION A: (COMPLETED BY CANDIDATE)

Name: _____

Accommodation Requested:

- ☐ Additional testing time:
  Note: The exam stops during breaks. A part is submitted prior to the break, and the candidate cannot go back to answer any questions.
  - ☐ 25% additional time (5 hours total writing time)
    Schedule: three 100-minute parts/15-minute break between parts.
  - ☐ 50% additional time (6 hours total writing time)
    Schedule: three 2-hour parts/20-minute break between parts.
    Or
    Taken on two consecutive days.
    Daily schedule: two 90-minute parts/15-minute break between parts.
  - ☐ 75% additional time (7 hours total writing time)
    Taken on two consecutive days.
    Daily schedule: two 105-minute parts/15-minute break between parts.
  - ☐ 100% additional time (8 hours total writing time)
    Taken on two consecutive days.
    Daily schedule: three 80-minute parts/15-minute break between parts.

- ☐ Testing Centre (in-person exam)
- ☐ Testing Centre (in-person exam) + private room

- ☐ Reader (via testing centre only)
  - ☐ Human reader
  - ☐ Reader software

- ☐ Other (please describe):

  _____

  e.g., requirement to have medication, medical equipment, or food during writing time, frequent restroom breaks during writing time, longer breaks between parts.

Note: The exam is normally divided into two, 2-hour parts. Once a candidate submits Part I of the exam, they cannot go back to access any questions, including any unanswered or flagged questions. There is a standard 15-minute scheduled break between Part I and Part II of the exam.

An appropriate health care professional is a regulated health care professional, who is qualified to diagnose impairment, has been involved in the candidate s assessment, and has sufficient knowledge and expertise to be able to identify what accommodations is needed in relation to the disability or special condition.

Disability/condition	Appropriate Health Care Professional to complete Section B	Additional Documentation Required
Hearing Impaired	Audiologist	
Vision Impairment	Optometrist or Ophthalmologist	
Learning Disability	Psychologist, psychiatrist, or other qualified mental health care professional. A general practitioner can substantiate the diagnosis made by an appropriate mental health care provider.	Documentation that verifies a current learning disability (within 5 years).
Physical Disabilities	An appropriate health care professional.	
Attention Deficit Hyperactivity Disorder	Psychologist, psychiatrist, general practitioner or other qualified mental health care professional.	Documentation that verifies a current diagnosis (within 5 years) from an appropriate health care professional.
Psychiatric Disorders	Health care professional must be competent to evaluate and diagnose psychiatric disabilities. Evaluation must have been made within the last 12 months.	

Disability/condition	Appropriate Health Care Professional to complete Section B	Additional Documentation Required
Autism Spectrum Disorder	Health care professional competent in assessing autism spectrum disorders.	
Brain Injury	An appropriate health care professional.	
Dietary restrictions & allergies	An appropriate health care professional.	

SECTION B: (COMPLETED BY THE APPROPRIATE HEALTH CARE PROFESSIONAL)

The purpose of the CDRE is to assess the competency of dietitian candidates to determine a candidate's eligibility to practise. As such, the CDRE is defined as a high-stakes assessment. The CDRE is a computer-based exam taken over a four-hour period. The CDRE is either administered by remote proctoring in a virtual format or in a testing room with other writers. We rely on the health care professional's expertise to recommend a specific accommodation based on their understanding of the candidate's functional limitation and needs associated with the disability.

I have known this candidate since _____ in my capacity as a _____.

I confirm that I have used my own professional judgement and identified a clear link between the candidate's disability and how it is addressed in the accommodation. I understand that the purpose of an accommodation is to provide equity, not advantage.

Professional Designation/Title: Licence Number:

_____

Date of late patient visit: _____

(The reason for the exam accommodation must be current. For example, the accommodation will not be granted for a childhood condition that a candidate no longer suffers from.)

I verify that the candidate has a diagnosed disability or special condition:

- ☐ Yes
- ☐ No

"Test anxiety" is normally not seen as a disability unless it is a limitation of a more encompassing psychiatric disorder.

- ☐ The recognized diagnosis was provided by me
- ☐ The diagnosis was recognized by another qualified regulated health care professional

The approximate date when the disability or special condition was first diagnosed and/or identified.

A brief history and description of the functional limitations that prevent the candidate from writing the exam in the usual method and/or environment. Attach separate letter if needed.

Describe how the functional limitations of disability or special condition impact the person's ability to write the CDRE in the usual method and/or environment. This should reflect the candidate's current impairment. Requested accommodations must be tied to specific assessment results.

Accommodation Requested:

- ☐ Additional testing time:
  - ☐ 25% additional time (5 hours total writing time)
  - ☐ 50% additional time (6 hours total writing time)
  - ☐ 75% additional time (7 hours total writing time)
  - ☐ 100% additional time (8 hours total writing time)
- ☐ Testing Centre (in-person exam)
- ☐ Testing Centre (in-person exam) + private room
- ☐ Reader (via testing centre only)
  - ☐ Human reader
  - ☐ Reader software

☐ Other (please describe):

_____

e.g., requirement to have medication, medical equipment, or food during writing time, frequent restroom breaks during writing time, longer breaks between parts.

Note: The exam is normally divided into two, 2-hour parts. Once a candidate submits Part I of the exam, they cannot go back to access any questions, including any unanswered or flagged questions. There is a standard 15-minute scheduled break between Part I and Part II of the exam. See testing schedule on page 1.

A description of current treatment plan and why this is not effective in overcoming the functional limitations of the disability or special condition, thereby necessitating the above accommodation(s).

Name:	Date:
Signature:	
Telephone:	Email:

Alliance of
Canadian Dietetic
Regulatory Bodies

Appendix G
FORM C: Candidate Application for Religious Accommodation

A candidate who is seeking an accommodation for religious reasons must complete Form C. The accommodation must not interfere with assessing competency. The Alliance must balance the rights of the candidate with the mandate of the provincial dietetic regulatory bodies to protect the public interest through a fair, secure, valid, and reliable licensing exam[1].

The Alliance and the provincial regulatory body will not release copies of any documentation received from the candidate related to the accommodation to any third party. The Alliance will release information to the testing provider that is necessary for the accommodation process. The Alliance and provincial regulatory bodies collect and share information in accordance with their privacy policies. Any and all information and documentation obtained by the provincial dietetic regulatory body in the course of the accommodation request can be used internally by the provincial dietetic regulatory body for any of its regulatory functions.

You are not required to share information with us but if you do not share pertinent information, we may not be able to provide the requested accommodation. Additional information and supporting documentation may be requested.

Name:	Phone Number:
Mailing Address:	
Email:	Exam Language: ☐ English ☐ French
Name of provincial regulatory body:	Exam Date:

[1] The CDRE is a four-hour computer-based exam and is offered in two, 2-hour parts. There is a 15-minute scheduled break after part one of the examination. The CDRE is either administered by remote proctoring in a virtual format or is taken in a test room with other writers.

Describe the accommodation you are requesting. Be as specific as possible.

Provide a description of past testing accommodations granted, if any, including those provided throughout your education program.

DECLARATION:

I certify that the above information is complete and accurate to the best of my knowledge, and I understand that any intentional misrepresentation contained in this request may result in disqualification.

Candidate signature: _____

Date: _____

Accommodation decisions are communicated as soon as possible prior to the CDRE sitting.

Appendix H
Exam Blueprint

Examination length	185 items
Item format	Four-option, multiple-choice format
Item Presentation	
Independent	80%
Case-based	20%

COGNITIVE LEVELS	
Demonstrate Broad Knowledge	15%
Demonstrate Comprehension	35%
Analyze, Interpret, and Apply Knowledge	50%

COMPETENCY CATEGORIES	**Target %**	**Target Items**
1. Food and Nutrition Expertise	**7%**	**13**
1.01 Apply understanding of food composition and food science	1.05%	2
1.02 Apply understanding of food environments	1.05%	2
1.03 Apply understanding of human nutrition and metabolism	0.58%	1
1.04 Apply understanding of dietary requirements and guidelines	1.05%	2
1.05 Apply understanding of dietary practices	1.05%	2
1.06 Integrate nutrition care principles and practices	0.58%	1
1.07 Integrate population health promotion principles and practices	1.05%	2
1.08 Integrate quantity food provision principles and practices	0.58%	1

2. Professionalism and Ethics	**12.00%**	**22**
2.01 Practice within the context of Canadian diversity	0.92%	2
2.02 Act ethically and with integrity	0.92%	2
2.03 Practice in a manner that promotes cultural safety	1.08%	2
2.04 Employ a client-centred approach	1.08%	2
2.05 Practice according to legislative, regulatory and organizational requirements	0.92%	2
2.06 Ensure appropriate and secure documentation	0.92%	2
2.07 Use risk management approaches	0.92%	2
2.08 Manage time and workload	0.54%	1
2.09 Employ an evidence-informed approach to practice	1.08%	2
2.10 Engage in reflective practice	1.08%	2
2.11 Practice within limits of current personal level of professional knowledge and skills	0.92%	2
2.12 Maintain comprehensive and current knowledge relevant to practice	0.92%	2
2.13 Use information management technologies to support practice	0.68%	1
3. Communication and Collaboration	**8.00%**	**15**
3.01 Use appropriate communication approaches	1.60%	3
3.02 Use effective written communication skills	0.00%*	0*
3.03 Use effective oral communication skills	0.00%*	0*
3.04 Use effective electronic communication skills	0.53%	1
3.05 Use effective interpersonal skills	2.67%	5
3.06 Engage in teamwork	1.07%	2
3.07 Participate in collaborative practice	2.13%	4

4. Management and Leadership	**12.50%**	**23**
4.01 Manage programs and projects	1.63%	3
4.02 Assess and enhance approaches to practice	1.63%	3
4.03 Participate in practice-based research activities	1.09%	2
4.04 Undertake knowledge translation	1.09%	2
4.05 Advocate for ongoing improvement of nutritional health and care	1.09%	2
4.06 Foster learning in others	2.17%	4
4.07 Foster development of food literacy in others	1.09%	2
4.08 Foster development of food skills in others	2.72%	5
5. Nutrition Care	**25.50%**	**47**
5.01 Conduct nutrition assessment	9.03%	17
5.02 Determine nutrition diagnosis	2.66%	5
5.03 Plan nutrition intervention(s)	7.44%	14
5.04 Implement nutrition intervention(s)	3.19%	6
5.05 Monitor nutrition intervention(s) and evaluate achievement of nutrition goals	3.19%	6
6. Population Health Promotion	**18.00%**	**33**
6.01 Assess food- and nutrition-related situation of communities and populations	6.55%	12
6.02 Determine food- and nutrition-related issues of communities and populations	2.18%	4
6.03 Develop food- and nutrition-related community / population health plan	4.36%	8
6.04 Implement food- and nutrition-related community / population health plan	1.64%	3
6.05 Monitor and evaluate food- and nutrition-related community / population health plan	3.27%	6

7. Food Provision	**17.00%**	**31**
7.01 Determine food provision requirements of a group / organization	4.39%	8
7.02 Plan food provision	4.39%	8
7.03 Manage food provision	4.94%	9
7.04 Monitor and evaluate food provision	3.29%	6

Note(1). The target number of items presented in this blueprint are rounded to the nearest whole number. Consequently, the sum of target items within each competency category may not precisely equal the target number of items for the broader competency category due to rounding error.

Note(2). Competencies "*3.02 - Use effective written communication skills*" and "*3.03 - Use effective oral communication skills*" on the ICDEP were deemed by The Alliance to be not testable within the context of the CDRE itself (these competencies are to be assessed elsewhere in each candidate's trajectory, such as in their dietetic education program or in their practicum). As these are not to be tested on the CDRE, a weight of 0.00% is assigned to these competencies, and they are highlighted above with an asterisk (i.e., "*").

Appendix I
Example Exam Questions

PASSAGE 1 (Questions 1 to 4 refer to this case)

A dietitian in a long-term care facility has been consulted to review the texture modified menu and provide recommendations on including outsourced products. The present non-selective texture modified menu provides 30-35 g of protein and 6,800-9,200 kJ (1,600-2,200 kcal) per day. In addition, residents are offered three between-meal nourishments. The last audit indicated that 40% of the time, residents did not accept the nourishments offered.

1. What is the primary concern with the texture modified menu?

    1. Inadequate energy
    2. Inadequate protein
    3. Inadequate number of meals
    4. Inadequate number of nourishments

2. What action should the dietitian take first regarding the unaccepted nourishments?

    1. Arrange a taste test of different nourishments with residents
    2. Discuss possible solutions with the residence council
    3. Collaborate with the clients to identify the problem
    4. Eliminate the nourishments and increase meal portions

3. The dietitian recommends purchasing outsourced texture modified entrées on a one-month trial. The entrées will be evaluated on many factors during the trial. When the dietitian makes a final recommendation, what should be the deciding factor?

    1. Cost savings in labour hours
    2. Refrigerator and freezer storage space
    3. Acceptance of the entrées by residents
    4. Cost of the outsourced entrées

4. What action should the dietitian recommend first to initiate the one-month trial?

    1. Approach the manufacturer's representative to coordinate the trial
    2. Meet with staff to discuss the new products and handling procedures
    3. Instruct a supervisor on how to test the new products
    4. Speak to nursing staff to build consensus

END OF PASSAGE 1PASSAGE 2 (Questions 5 to 10 refer to this case)

A 25-year-old client with cerebral palsy (CP) lives in a group home. The client's motor, cognitive, and communication functions are partly affected by their CP. The client has recently been diagnosed with end-stage renal disease (ESRD). The dietitian has been consulted as the client is about to begin dialysis treatment.

5. How are diets for end-stage renal disease (ESRD) and dialysis different?

1. The recommended amount of protein for ESRD is lower than that for dialysis
2. The recommended amount of protein for ESRD is higher than that for dialysis
3. The recommended amount of energy for ESRD is lower than that for dialysis
4. The recommended amount of energy for ESRD is higher than that for dialysis

6. In addition to the renal team and the administrator of the group home, who should be consulted to decide on the type of dialysis for the client?

1. The client and the client's family
2. A designated decision-maker for the client
3. The client's family and the designated decision-maker for the client
4. The client and designated decision-maker

7. If the client goes on hemodialysis, which conditions should the dietitian consider in the long term?

1. Hypokalemia and hyperphosphatemia
2. Dyslipidemia and osteodystrophy
3. Hyperkalemia and hypophosphatemia
4. Hypotension and diabetes

8. The client is known to consume more than 12 servings of fresh vegetables and fruits daily. Which condition will most likely result if they continue this diet?

1. Hyperkalemia
2. Hyperphosphatemia
3. Hyponatremia
4. Hypomagnesemia

9. The group home manager calls the dietitian to report that the client has been eating potato chips frequently. The client has some edema and rising blood pressure. What action should the dietitian take?

1. Remind the client about the importance of following the meal plan
2. Explain to the administrator that the client has been advised about their diet already
3. Ask the personal care workers to monitor the client's health
4. Meet with the client and the designated decision-maker to discuss the situation

10. One month later, the client is on hemodialysis and arrives for dialysis with a weight gain of 2 kg over the prescribed limit. The client has normal serum sodium. What is the most likely dietary cause of the client's weight gain?

1. Too much phosphorous and potassium
2. Too much fluid and potassium
3. Too much magnesium and chloride
4. Too much fluid and sodium

END OF PASSAGE 2

PASSAGE 3 (QUESTIONS 11 to 14 refer to this case)

The client is referred to the dietitian because of high serum cholesterol and triglycerides. Both the client's mother and sister died of heart failure. The client is a smoker, 20 kg overweight and inactive. The client has been on low-carbohydrate, high-protein diets several times in the last few years resulting in short-term weight loss.

11. During the initial interview when asked about readiness for lifestyle change, the client's response is "I have tried many times to lose weight, and it doesn't work. My lifestyle has nothing to do with heart problems. It is in my family." At what stage of change is the client?

    1. Precontemplation
    2. Contemplation
    3. Preparation
    4. Action

12. After several months, the client returns to see the dietitian, having experienced angina and is frightened. The client says, "I will do anything not to die like my sister and mom." What should the dietitian do first?

    1. Identify potential barriers to change
    2. Register the client for heart health group sessions
    3. Help the client establish goals for change
    4. Discuss coping strategies for relapse

13. Which anthropometric measure would best predict this client's risk for heart disease?

    1. Percent ideal body weight
    2. Percent usual body weight
    3. Waist circumference
    4. Multiple skinfold thicknesses

14. After one year, the client has reached her goals of lowering serum cholesterol and triglycerides through a combination of lifestyle changes. The client reports having quit smoking, is walking daily and eating a healthy diet but is disappointed with a 5 kg weight loss. The client wants to go back on a low-carbohydrate, high-protein diet to lose more weight. What would be the dietitian's best approach?

1. Redesign the client's meal plan to limit carbohydrates to 60 g daily
2. Reinforce the client's positive lifestyle changes
3. Help the client design an exercise program using weights
4. Re-evaluate the client's nutrition care plan

END OF PASSAGE 3

PASSAGE 4 (QUESTIONS 15 to 19 refer to this case)

A client with a history of ovarian cancer is being treated with radiation. The client is admitted to the hospital with a high-output distal gastrointestinal fistula and has lost 15 kg in the last 4 months.

15. What nutrition intervention should the dietitian recommend?

1. Clear fluids to minimize residue
2. Nasogastric enteral feeding to meet nutritional needs
3. PN to meet nutrition needs
4. Elemental enteral formula to minimize residue

16. The client is at risk of refeeding syndrome. Which electrolyte abnormalities should the dietitian monitor?

1. Hyponatremia and hypophosphatemia
2. Hypernatremia and hyperphosphatemia
3. Hypophosphatemia and hypokalemia
4. Hypophosphatemia and hyperkalemia

17. The dietitian notices that the client's serum sodium is above the normal range. What is the most likely cause?

1. Overhydration
2. Diuretic use
3. Inadequate sodium intake
4. Dehydration

18. The fistula has healed, and the physician asks the dietitian to reassess the client. What should the dietitian recommend?

1. Initiate semi-elemental diet
2. Initiate a regular meal plan
3. Initiate clear fluids
4. Initiate a low-fibre meal plan

19. The client is now on a regular meal plan, and the dietitian wants to determine if nutritional needs are being met. What method would the dietitian use to get an estimate of the client's usual intake?

    1. Obtain a 3-day food intake record
    2. Observe the client at mealtimes
    3. Complete a 24-hr food recall
    4. Request nursing for comments on the client's intake

END OF PASSAGE 4

INDEPENDENT QUESTIONS

20. A patient is admitted to hospital for shortness of breath, nausea, vomiting and ascites. The patient reports a recent rapid weight gain of 7 kg (height: 160 cm, current weight: 67 kg). Upon admission, lab data reveal a low serum albumin and normal liver function tests. The patient's diet provides about 6,800 kJ (1,600 kcal) and 60 g protein. Which conclusion should the dietitian make based on this information?

    1. Weight gain is a positive indicator of improved nutrition status
    2. Recent weight gain reflects an increased oral intake
    3. Serum albumin is low due to the intake of a low-protein diet
    4. Recent weight gain is related to low serum albumin

21. A client is referred to the dietitian for an initial visit for lactose intolerance. The referral form indicates that the client is apprehensive and reluctant to discuss their symptoms. Which action would be most effective when counselling the client?

    1. Ask the client questions to assess verbal and non-verbal responses
    2. Ask the client to record and email their symptoms before their next appointment
    3. Provide the client with a list of lactose-free products
    4. Outline the dietary changes the client will have to make

22. An objective of a high school nutrition program is to increase the daily consumption of vegetables and fruits. Which tool will the dietitian use to assess behaviour change?

    1. Food frequency questionnaire
    2. 3-day food record
    3. Pre- and post-program questionnaire
    4. Focus groups

23. Which manifestations are characteristic of bulimia nervosa?

1. Knuckle calluses, unwillingness to discuss food intake, amenorrhea
2. Erosion of dental enamel, knuckle calluses, psychological distress
3. Hypertension, low blood sugar, history of weight change
4. Ketoacidosis, hypotension, edema

24. The dietitian in a long-term care facility sees the cook place a tray of newly-made egg salad sandwiches on the counter. An hour later the sandwiches are still there. According to Hazard Analysis Critical Control Point (HACCP) guidelines, what should the dietitian do first?

1. Ask the cook when the sandwiches were prepared
2. Take the temperature of the sandwiches
3. Discard the sandwiches and substitute fresh sandwiches
4. Refrigerate the sandwiches immediately until service

25. A teenage client is referred to the dietitian because they refuse to consume milk products believing this will cause weight gain. What should the dietitian do first?

1. Suggest daily calcium and vitamin D supplement
2. Review calorie and fat content of milk products
3. Determine why the client is concerned about weight gain
4. Check the client's BMI to determine if it is within healthy weight range

26. A group of people living independently in a senior citizens residence asks the community dietitian for information about shopping and cooking for one. What should the dietitian do first?

1. Discuss with the residents their current food shopping and cooking practices
2. Organize a grocery store tour to point out the single serving foods available
3. Conduct a written survey with the residents to determine food preferences and nutrition knowledge
4. Organize cooking classes at the senior citizens' residence

27. A 3-month-old breastfed infant is referred to the dietitian. The infant's weight is at the 3rd percentile and length is at the 40th percentile. No other medical problems are identified. The mother reports that the infant feeds frequently and requires four diaper changes per day. What should the dietitian do first?

1. Advising the mother to feed the infant more frequently
2. Refer the infant's mother to a breastfeeding support group
3. Obtain more information about the number and duration of feeds per day
4. Suggest the infant's mother supplement breastfeeding with an infant formula

28. A community dietitian is starting to work with a Canada Prenatal Nutrition Program. The goal of this program is to increase the breastfeeding rate. What initial step should the dietitian take when working with a community?

    1. Outline the health benefits of breastfeeding using visual aids
    2. Help the program participants compare the cost of formula feeding to breastfeeding
    3. Discuss with each program participant which method of infant feeding they are considering
    4. Discuss how convenient breastfeeding can be for mothers

29. A patient with bowel cancer is recovering from surgery, where most of the colon was removed. What is the dietitian's main concern for this patient?

    1. Increased loss of calcium and vitamin D
    2. Decreased absorption of vitamin B_{12}
    3. Decreased absorption of fat-soluble vitamins
    4. Increased loss of fluid and electrolytes

30. An adult on hemodialysis for chronic renal failure is referred to the dietitian for dietary assessment. The client is sedentary, weight is stable at 55 kg, and their BMI is 20. The client consumes about 7,500 KJ (1,800 kcal) and 45 g protein per day. What should the dietitian address first?

    1. Activity level
    2. Protein intake
    3. Energy intake
    4. Body weight

31. A consulting dietitian has been hired by a 200-bed long-term care facility to provide clinical nutrition services. While visiting the foodservice department, the dietitian notes a 20 L mixer bowl of freshly made hot pudding wheeled into the refrigerator for chilling. What should the dietitian do first?

    1. Suggest to the foodservice supervisor they use instant puddings that require no heating
    2. Document details of the incident and monitor staff food handling techniques
    3. Recommend more staff training in safe food handling
    4. Inform the foodservice supervisor to ensure the pudding is safely handled

32. The dietitian launched a community campaign to promote safe food handling practices during the barbecue season by distributing a pamphlet on this topic. The dietitian plans to evaluate the campaign by contacting a sample of people who receive the pamphlet. Which measure would best indicate that the campaign was successful?

    1. A decrease in the number of people who experience food poisoning
    2. The number of people who report changing food handling practices after reading the pamphlet
    3. An increase in the number of people who use safe food handling practices
    4. The total number of people who report reading the pamphlet

33. The dietitian at a large health club wants to offer heart health nutrition classes. What is the best way for the dietitian to assess current demand?

    1. Interview with fitness instructors and personal trainers regarding members' needs
    2. Hold a focus group with club members
    3. Offering an information session for interested club members
    4. Distribute a survey to all club members

34. The dietitian in a hospital has been asked to implement a perpetual inventory system in the kitchen. What is the main advantage of this system?

    1. It provides a running balance of all food items
    2. There is a separate card for all food items on hand
    3. Food items can be easily counted once a month
    4. Food items are listed in alphabetical order

35. A group of adults who are trying to lose weight want to learn more about food composition and food labelling to buy lower energy foods. Which activity would be most useful for the dietitian to arrange for these clients?

    1. A grocery store tour with discussion of their questions
    2. Direct them to Health Canada's website for information on food labelling
    3. A taste test of a variety of lower energy foods
    4. A presentation on healthy eating and exercise

36. The health team in a rural community health centre is in the initial stages of developing a plan to reduce risk factors for type 2 diabetes among women 20 to 50 years of age. What is most important for the team to undertake now?

    1. Screen high-risk women using blood glucose levels
    2. Work with a local group of women to identify issues
    3. Provide evening nutrition and fitness classes throughout the week
    4. Start a newsletter for distribution to women through the centre

37. A client was referred to the dietitian to increase body weight. One of the goals set with the dietitian was for the client to consume two servings of high-energy oral liquid supplement per day. Three weeks later the client remains at their previous weight and states they did not take any of the supplements. What should the dietitian do first?

    1. Review goals and remind the client to take the supplement
    2. Reset goals in collaboration with the client
    3. Recommend a different flavoured supplement
    4. Recommend more enjoyable foods such as cookies and fruit

38. For nutrition month, a dietitian managing a high school cafeteria introduced a daily low-fat special. Discount pricing and attractive signs have been unsuccessful in promoting the first week of sales. What should the dietitian do?

    1. Discontinue the low-fat menu special
    2. Review of the pricing of all menu items
    3. Remove fried food choices from the menu
    4. Explore other low-fat menu items with students

39. A consulting dietitian works with a community centre that runs an after-school program for adolescents aged 12–14 years. Many of the adolescents have recently decided to become vegetarian. The program coordinator is concerned that the adolescents may not have enough information about this choice and asks the dietitian to help address this situation. What approach should the dietitian take?

    1. Provide vegetarian snacks for adolescents
    2. Design interactive vegetarian cooking sessions for the group
    3. Review high-iron meat substitutes with the coordinator
    4. Provide the coordinator with resources on vegetarian diets

40. A client with hyperlipidemia has successfully implemented the dietitian's recommendation to increase soluble fibre intake over the past three months. Which serum marker of hyperlipidemia should the dietitian expect to decrease the most?

    1. Triglycerides
    2. LDL cholesterol
    3. HDL cholesterol
    4. Total cholesterol

41. A dietitian is asked by a workplace wellness committee to help promote healthy eating to employees. What is the best approach to encourage long-term behavioural changes that will improve healthy eating in the workplace?

    1. Provide an educational in-service on healthy eating for all employees
    2. Supply employees with fact sheets and pamphlets on healthy eating
    3. Develop workplace policies to enable healthy eating
    4. Provide managers with data that supports the benefits of healthy eating

42. A public health nurse returned from a school visit and informed the dietitian that the U.S. food guide is being used by a grade 6 teacher to teach healthy eating. What should the dietitian do?

    1. Send a Canada’s Food Guide poster to the teacher
    2. Contact the teacher to discuss Canada’s Food Guide
    3. Develop a grade-specific educational kit promoting Canada’s Food Guide
    4. Report the inappropriate practice to the school principal

43. The foodservice dietitian receives several complaints about an employee who becomes unprofessional and defensive under stress. What should the dietitian do first?

    1. Give the employee a written warning
    2. Decrease the employees' workload
    3. Transfer the employee to another department
    4. Meet with the employee to determine a solution

44. A resident recently admitted to a long-term care facility has refused to eat for three days but is otherwise healthy. The resident's family is concerned about this behaviour and insists the dietitian intervene. What is the first step the dietitian should take?

    1. Discuss the refusal to eat with the resident and team members
    2. Encourage the family to voice their concerns to the residents
    3. Recommend that enteral feeding be initiated if refusal to eat continues
    4. Consult the physician for input on why this behaviour is occurring

45. The dietitian would like to determine if clients on long-term tube feedings require vitamin and mineral supplements. What should the dietitian do first?

    1. Compare nutrients provided by volume of formula to the DRIs
    2. Conduct anthropometrics measures
    3. Assess for clinical signs of deficiencies
    4. Monitor biochemical measures

Appendix J
Example Exam Answers
PASSAGE 1

Q1 Competency: FOOD AND NUTRITION EXPERTISE

DEMONSTRATE COMPREHENSION OF KNOWLEDGE

1.04 c -Demonstrate understanding of current nutrition recommendations and dietary guidelines.

Option 1. Energy is within recommended intake for an elderly person.

Option 2. **30-35 g of protein is inadequate. Between 10-35% of daily calories from protein is recommended for an elderly person.**

Option 3. Three meals a day is adequate especially when three between meal nourishments are also offered.

Option 4. Three nourishments a day is acceptable, standard practice.

Q2 Competency: PROFESSIONALISM AND ETHICS

DEMONSTRATE COMPREHENSION OF KNOWLEDGE

2.04 c. Identify client perspectives, needs and assets

Option 1. While this could be an appropriate action at a later stage, it does not identify the cause of the problem, which would be the initial step.

Option 2. The residence council may not be aware of all the reasons why nourishments are not accepted. Same as Option 1.

Option 3. **The most accurate data will be collected directly from the clients. Then the problem can be analyzed**.

Option 4. Eliminating nourishments and increasing meal portions is not appropriate for long-term care. Residents can usually only eat small amounts at one time, so usually require smaller, more frequent meals.

Q3 Competency: FOOD PROVISION

EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE

7.01 e – Integrate findings to determine food provision priorities

Option 1. Labour savings are important but there will not be savings or quality service if clients do not eat the product and/or request something else.

Option 2. Storage space is not as important if residents do not accept the food product.

Option 3. **Clients' acceptance of the food product is the most important factor in selecting menu items. If clients are not satisfied, all the other factors will not matter. The product will not be eaten, and nutrition status may be impaired.**

Option 4. Product cost is important but there will not be savings if the residents do not eat the product and/or request something else.

Q4 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.06 a – Demonstrate knowledge of principles of teamwork and collaboration

Option 1. Staff members are more familiar with kitchen routines than a representative, less biased, and are more likely to identify other relevant issues.

Option 2. **The most appropriate method of initiating any trial is to discuss the trial products/changes in routine with the users (i.e., the staff preparing the product).**

Option 3. The supervisor should be aware of the changes to tasks, but it is the staff who should work with the products during a trial to assess fully.

Option 4. This group is neither the consumer nor the user. The dietitian could seek feedback from nursing staff about client acceptance once the trial has been initiated.

PASSAGE 2

Q5 Competency: FOOD AND NUTRITION EXPERTISE
DEMONSTRATE BROAD KNOWLEDGE
1.04 a – Demonstrate understanding of dietary requirements across the lifespan, in health and

Option 1. **ESRD diet is lower in protein because kidneys are unable to filter protein molecules. Dialysis helps this process allowing increased protein intake.**

Option 2. See Option 1.

Option 3. Kidney function does not impact energy intake.

Option 4. See Option 3.

Q6 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.05 d - Adhere to regulatory requirements

Option 1. The client might still be able to be involved in making the decision but may need a designated decision-maker to be present because their cognitive and communication functions are affected by CP. The client's family may not be the designated decision-maker.

Option 2. The client might still be able to be involved in decisions concerning their condition, but the client was excluded.

Option 3. See Option 2.

Option 4. **The client might still be able to be involved in decisions but will need a designated decision-maker to be present. This MAY or MAY NOT be a family member, this option addresses that factor.**

Q7 Competency: FOOD AND NUTRITION EXPERTISE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
1.06 b – Demonstrate knowledge of the etiology and pathophysiology of nutrition-related diseases

Option 1. Hyperphosphatemia should be monitored, but hyperkalemia (not hypokalemia) should be considered in the long term.

Option 2. Atherosclerosis is the most frequent cause of death among patients maintained on long-term hemodialysis. Osteodystrophy can be caused by hyperphosphatemia which resorbs calcium from the bones.

Option 3. Hyperkalemia should be monitored, but hyperphosphatemia (not hypophosphatemia) should be monitored.

Option 4. Hypertension (not hypotension) and diabetes should be monitored.

Q8 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
5.01 c – Assess and interpret food and nutrition-related history

Option 1. Vegetables and fruits are high in potassium and could lead to hyperkalemia.

Option 2. Vegetables and fruits are not high in phosphorous.

Option 3. Vegetables and fruits are low in sodium but would not cause hyponatremia.

Option 4. Vegetables and fruit are a source of magnesium so would not cause hypomagnesemia.

Q9 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 d – Engage client in collaborative decision making

Option 1. Dietitian needs to determine the reasons why the client has not been following the prescribed meal plan.

Option 2. Dietitian should not disregard the manager's concerns, especially if the client's blood pressure is rising and has edema.

Option 3. Dietitian should monitor the client's health, not ask the foodservice managers to do this.

Option 4. Dietitian should meet with the client to discuss their eating habits and evaluate the situation. The client might not be able to fully understand because of their affected cognitive and communication functions so the dietitian should include the designated decision-maker in the discussion.

Q10 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
5.02 a – Integrate assessment findings to identify nutrition problem(s)

Option 1. Phosphorous and potassium will not affect weight.

Option 2. Fluid intake would affect weight. Potassium would not.

Option 3. Chloride helps maintain cellular fluid balance so too much chloride could cause water retention and weight gain. Magnesium does not cause water retention or weight gain.

Option 4. Weight gain in renal disease is usually linked to edema and can be caused by too much sodium (retains water). Total fluid consumption is also crucial because decline in renal function prevents elimination of excess fluids.

PASSAGE 3

Q11 Competency: FOOD AND NUTRITION EXPERTISE
DEMONSTRATE BROAD KNOWLEDGE
1.05 a – Demonstrate understanding of behavioural theories relevant to food choice and eating

Option 1. **A client in precontemplation does not consider making any changes.**

Option 2. A client in contemplation is thinking about making some changes.
Option 3. A client in preparation has read/thought about changes that could be made and is ready to start making changes.
Option 4. A client in action has already made changes.

Q12 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 d. Engage client in collaborative decision making

Option 1. Barriers are identified at a later stage of change. The client is not quite ready to discuss barriers.
Option 2. Registering for heart health group sessions is an action that may be appropriate once goals are established but would not be the first thing the dietitian would do.
Option 3. **The first step is for the dietitian to work with the client to establish goals that the client will accept.**
Option 4. Coping strategies are discussed when the person is in action stage.

Q13 Competency: FOOD AND NUTRITION EXPERTISE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
1.06 a. Demonstrate knowledge of human physiological systems in health and disease

Option 1. Percent ideal body does not assess heart disease risk.
Option 2. Percent usual body weight does not assess heart disease risk.
Option 3. **Waist circumference is an appropriate anthropometric measure to assess client's risk of heart disease. Abdominal fat can put an individual at risk for high blood pressure, high blood cholesterol, and heart disease.**
Option 4. Skinfold measurements are used to assess body fat and are not a standard measure to assess heart disease risk.

Q14 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.05 b. Evaluate progress in achieving nutrition goals

Option 1. This is not an appropriate amount of carbohydrates. The dietitian needs to re-evaluate the client's nutrition care plan.
Option 2. Reinforcing lifestyle changes are not enough. The dietitian needs to re-evaluate the nutrition care plan.
Option 3. The dietitian is not trained (outside scope of practice) to provide an exercise program.
Option 4. **The dietitian should reassess the client's nutrition care plan before recommending any dietary changes.**

PASSAGE 4

Q15 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.03 g. Determine parenteral nutrition regimens.

Option 1. When the fistula output is high and distal, discontinuation of oral intake is recommended because oral intake stimulates further loss of fluids, electrolytes and protein via the fistula.

Option 2. In patients with a proximal fistula, if a nasojejunal tube can be introduced beyond the site of the fistula, then these patients can be supported with enteral nutrition, if there are at least 4-5 feet of small bowel distal to it and no distal obstruction. In this case it is a distal fistula, so nasogastric feeding is not appropriate.

Option 3. **When the fistula output is high, discontinuation of oral intake is recommended because oral intake stimulates further loss of fluids, electrolytes, and protein via the fistula. A decrease in fistula output frequently occurs with the initiation of PN.**

Option 4. It does not matter if an elemental formula is used. The recommendation is to not use the gut.

Q16 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
5.01 h. Obtain and interpret biochemical data

Option 1. Sodium levels are not affected by refeeding syndrome unless there is dehydration.

Option 2. See Option 1 for sodium. When refeeding syndrome occurs, there is a state of hypophosphatemia, not hyperphosphatemia.

Option 3. **In refeeding syndrome, a rapid increase in insulin stimulates movement of extracellular potassium and phosphate into the cells causing a rapid fall in blood concentrations of these ions.**

Option 4. When refeeding syndrome occurs, there is a state of hypokalemia, not hyperkalemia.

Q17 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.06 a. Demonstrate knowledge of human physiological systems in health and disease

Option 1. Not likely since there is a high-output fistula.

Option 2. There is no mention in the case about diuretics nor would diuretics cause high serum sodium.

Option 3. Even if sodium intake is high, it is unlikely that serum sodium will be high due to the high-output fistula.

Option 4. **High-output fistula is defined by fluid loss over 500 mL/day. A high-output fistula increases the possibility of fluid and electrolyte imbalance and puts the client at high risk of dehydration.**

Q18 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
5.03 c. Determine dietary modifications

Option 1. Nutrition support can be an adjuvant treatment with clear fluids at first in order to meet nutrition requirements if oral intake is not sufficient but should not be used as the only source of nutrition unless oral intake is impossible (e.g., intubation).

Option 2. A regular meal plan is not appropriate initially as the gastrointestinal tract is not ready for regular foods and needs to slowly adapt to oral intake.

Option 3. Oral feeding should be initiated as soon as the gastrointestinal tract is functional. Dilute liquids are taken first and then, as the bowel adapts, the patient begins the slow return to a regular diet.

Option 4. A low-fibre meal plan is not appropriate initially since the gastrointestinal tract is not yet accustomed to solid foods.

Q19 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
5.01 c. Assess and interpret food- and nutrition-related history

Option 1. A 3-day food record would provide the best picture of usual intake as it allows the dietitian to average intake over a 3-day period.

Option 2. This will provide information only for the observed meals, not total food intake.

Option 3. A 24-hr recall provides no information about day-to-day variation of food intake.

Option 4. Information from nursing can be subject to interpretation depending on the person. Additionally, shift rotations of nursing staff can change every 8-12 hours and from day to day so observations may not be consistent.

INDEPENDENT QUESTIONS

Q20 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.02 a. Integrate assessment findings to identify nutrition problem(s)

Option 1. Low serum albumin precludes an improved nutrition status.

Option 2 An energy intake of only 6,800 kJ (1,600 kcal) could not be responsible for such a weight gain.

Option 3. Protein intake is within the recommended amount for the client.

Option 4. Rapid and significant weight gain is most likely due to a shift in fluid balance. This is supported by the low albumin level, which can result in edema, confirmed by the client's ascites.

Q21 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 b. Use communication approaches appropriate to context

Option 1. **Drawing client out puts them at ease and establishes rapport. Non-verbal communication is a reliable indicator of client apprehension.**

Option 2. The dietitian must first determine the reasons for the client's apprehensions and reluctance to discuss symptoms. Changing to another form of communication will not accomplish this.

Option 3. The dietitian should not give client information before confirming their symptoms and condition. This disregards the referral information provided.

Option 4. See Option 3.

Q22 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
6.03 c. Contribute to identification of evaluation strategies

Option 1. This approach looks at an individual's eating habits and does not assess behavior change.

Option 2. This approach assesses an individual's eating habits for a 3-day period and does not assess behaviour change.

Option 3. **This approach assesses whether the behavioral change goals of the program have been achieved.**

Option 4. This approach is a guided discussion to provide feedback and would not assess behaviour change.

Q23 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
5.01 g. Assess and interpret nutrition-focused physical findings

Option 1. Knuckle calluses and unwillingness to discuss food may be seen but amenorrhea seldom occurs in clients with bulimia nervosa, who are often of normal weight.

Option 2. **Repeated scraping of knuckles on teeth when purging results in calluses. Habitual vomiting erodes tooth enamel. Clients with bulimia nervosa are often depressed/have mood swings.**

Option 3. Hypertension and history of weight change are common in clients with bulimia nervosa, but not low blood sugar.

Option 4. Hypotension and edema are common in clients with bulimia nervosa, but ketoacidosis is not.

Q24 Competency: FOOD PROVISION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
7.03 f – Participate in maintaining safety, and quality control

Option 1. The cook's information only becomes relevant after the temperature is taken.
Option 2. **The temperature is the critical element that will determine whether the food is safe.**
Option 3. The sandwiches may not have to be discarded or substituted once temperature is known.
Option 4. Refrigeration at this point represents improper cooking and provides potential for serving unsafe food.

Q25 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 c - Identify client perspectives, needs and assets

Option 1. Before recommending supplements, alternative food sources should be considered.
Option 2. This does not address the client's beliefs about milk products and weight gain.
Option 3. **Before making any recommendations about food intake, the dietitian needs to understand the client's beliefs about weight gain.**
Option 4. While this would be an appropriate part of nutrition assessment, the dietitian needs to first understand the client's beliefs about weight gain.

Q26 Competency: POPULATION AND HEALTH PROMOTION
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
6.01 a - Identify types and sources of information required to assess food and nutrition-related situation of communities and populations

OPTION 1. **The dietitian cannot develop a plan of action without first learning what the residents are doing now.**
OPTION 2. The dietitian needs to confirm the residents' priorities first, before providing an intervention such as this.
OPTION 3. Written surveys may limit the number of respondents due to barriers such as literacy or physical impairments to reading or writing.
OPTION 4. See Option 2.

Q27 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.01 c – Assess and interpret food and nutrition-related history

OPTION 1. It is the mother's perception that the infant feeds frequently. The dietitian needs to assess the situation first.

OPTION 2. Immediate action is required for the infant, whose growth is poor. Support is useful but does not address the issue.

OPTION 3. **More information is needed to identify the cause of poor growth before forming a plan of action.**

OPTION 4. This may be a possible solution, but initially, more information is needed to identify the cause of poor growth before forming a plan of action.

Q28 Competency: POPULATION AND HEALTH PROMOTION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
6.03 b – Identify strategies to meet goals and objectives

Option 1. This would not be the most effective approach to increase breastfeeding rates in this population.

Option 2. Calculating formula costs does not promote the benefits of breastfeeding.

Option 3. **The dietitian needs to determine the mother's chosen method of feeding to determine the next step.**

Option 4. This option does not take into consideration the mothers' informed decision about infant feeding practices.

Q29 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
5.02 a – Integrate assessment findings to identify nutrition problem(s)

Option 1. This occurs more commonly with duodenum and jejunum resection.

Option 2. This occurs more commonly with ileum resection.

Option 3. This is most common with surgery of the duodenum and ileum.

Option 4. **This is most common with colon resection.**

Q30 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.02 b – Prioritize nutrition problems

OPTION 1. The client is sedentary and that is of concern, but it is not the most important issue to address first.

OPTION 2. **Dietary protein needs are 1.2 g/kg, about 50% high biologic value protein, to make up losses through the dialysate. The client's needs are 55 kg x 1.2 g/kg = 66 g/day, and they are only consuming 45 g of protein.**

OPTION 3. The client is sedentary and has a healthy BMI. There is no need to increase energy intake.

OPTION 4. Weigh is not an issue since it is stable, and the client has a healthy BMI.

Q31 Competency: FOOD PROVISION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
7.03 f – Participate in maintaining safety, and quality control

OPTION 1. This does not solve the problem of improper cooling which may put residents at risk of foodborne illness.

OPTION 2. Documentation is needed but alone, this is inadequate for the seriousness of the situation.

OPTION 3. More staff training may be needed but the first step is to deal with the immediate concern about the pudding.

OPTION 4. **The dietitian is consulting and is not an employee of the facility but given the seriousness of the situation must act. It is the dietitian's responsibility to bring an occurrence that may cause harm to the residents to the immediate attention of the foodservice supervisor who has responsibility for food production to ensure that corrective action is taken promptly.**

Q32 Competency: POPULATION AND HEALTH PROMOTION
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
6.03 d – Contribute to identification of evaluation strategies

Option 1. A decrease in the number of incidents of food poisoning may not be a direct result of the campaign.

Option 2. **This approach clearly assesses that the change in behaviour of the participants was a direct result of the campaign.**

Option 3. An increase in the number of people who use safe food handling practices may not be a direct result of the campaign

Option 4. Reading the pamphlet does not demonstrate a change in behaviour.

Q33 Competency: POPULATION AND HEALTH PROMOTION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
6.01 a – Identify types and sources of information required to assess food and nutrition-related situation of communities and populations

OPTION 1. Fitness instructors and personal trainers cannot speak for the clients.

OPTION 2. Focus groups are useful to gain insight and obtain advice/opinions. They involve a small number of people and would not necessarily provide information from most club members needed to assess the demand adequately.

OPTION 3. This might give some indication of demand but would not answer the question about how many of the total membership would be willing to pay.

OPTION 4. **This is a systematic and efficient way to gather information and allows all members to respond.**

Q34 Competency: FOOD PROVISION
DEMONSTRATE BROAD KNOWLEDGE
7.03 b – Participate in purchasing, receiving, storage, inventory control and disposal of food

OPTION 1. **This is the essence of a perpetual inventory.**
OPTION 2. This can be done with a perpetual inventory but is not a major advantage.
OPTION 3. This is true for a physical inventory, not a perpetual inventory.
OPTION 4. Most inventory systems create an alphabetical listing, which by itself is not of value.

Q35 Competency: MANAGEMENT AND LEADERSHIP
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.06 e – Identify strategies to assist in the development of food skills

OPTION 1. **A hands-on tour in the store addresses both labelling and purchasing and is likely to have the greatest impact on the group's future purchases of lower energy foods.**
OPTION 2. Passive learning, although it may increase the group's knowledge, is not as effective as application of that knowledge.
OPTION 3. The group wants information about food composition and buying lower energy foods, not just how they taste.
OPTION 4. This does not address the group's needs.

Q36 Competency: POPULATION AND HEALTH PROMOTION
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
6.01 a – Identify types and sources of information required to assess food and nutrition-related situation of communities and populations

Option 1. Screening blood glucose level does not reduce the risk factors for diabetes.
Option 2. **Conducting needs assessment and collecting information from the priority group is the most effective strategy.**
Option 3. This strategy does not consider the specific needs of the population.
Option 4 Prior to a newsletter being developed, priority issues need to be identified.

Q37 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 a – Demonstrate knowledge of principles of a client-centred approach

OPTION 1. The dietitian would have to first determine why the client did not take the supplements to learn if this is a viable option to suggest.
OPTION 2. **Goals should be determined in collaboration with the client.**
OPTION 3. See Option 1.
OPTION 4. See Option 1.

Q38 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 c - Identify client perspectives, needs and assets

OPTION 1. Further investigation of the problem is needed before acting.
OPTION 2. Pricing may not be the issue. See Option 1.
OPTION 3. This is a reasonable thing to do but fried food may not be related to the lack of sales.
OPTION 4. The dietitian needs to find solutions that the clients will accept.

Q39 Competency: POPULATION AND HEALTH PROMOTION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
6.03 b - Identify strategies to meet goals and objectives

Option 1. The adolescents need vegetarian information, and the provision of snacks does not address this requirement.
Option 2. A hands-on interactive cooking session is the best approach that will have the greatest impact on addressing the situation.
Option 3. The coordinator is not the designated target group that requires education.
Option 4. The dietitian is responsible for assessing the needs of the adolescents and determine the priority needs of the audience not the coordinator.

Q40 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
5.01 h – Obtain and interpret biochemical data

Option 1. Having a healthy weight, limiting fats, sugars, and alcohol help decrease serum triglycerides.
Option 2. Eating more soluble fibre is a key dietary intervention to help decrease LDL cholesterol.
Option 3. Losing weight, increasing exercise and eating healthier fats (monounsaturates and polyunsaturates) help increase HDL.
Option 4. Increasing exercise, losing weight and eating healthier fats will help decrease total cholesterol.

Q41 Competency: POPULATION AND HEALTH PROMOTION
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
6.03 b – Identify strategies to meet goals and objectives

Option 1. Education sessions do not necessarily lead to behavioural changes.
Option 2. Handouts do not necessarily lead to behavioural changes.
Option 3. **Policies can help change behaviours because they change the environment to enable healthy eating.**
Option 4. This does not address the problem.

Q42 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 a – Identify opportunities for and barriers to communication relevant to context

Option 1. Sending material without discussion may not be helpful.
Option 2. **It is best to discuss the issue on the telephone or in person to show support, not criticism.**
Option 3. The dietitian would need to work with teachers and obtain their input when developing materials for their use.
Option 4. It is always best to talk to the teacher first to build a positive working relationship and address the situation.

Q43 Competency: MANAGEMENT AND LEADERSHIP
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.02 a – Assess a practice situation

Option 1. This may need to be done later but would not be a first step.
Option 2. This may be a solution later but a discussion with the employee needs to occur first.
Option 3. See Option 2.
Option 4. **The first step is to meet with the employee and listen to their perspective; a solution/further action can follow.**

Q44 Competency: PROFESSIONALISM AND ETHICS
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 c – Identify client perspectives, needs and assets

Option 1. **Discussing the concern with the client and team members is the first step. Their perspectives must be understood first before actions/solutions are developed.**
Option 2. The dietitian has a responsibility to explore the family's concern. The dietitian cannot ignore this responsibility by putting it back on the family.
Option 3. It is too soon to decide on a solution before consulting with the client and the health care team and getting more information.
Option 4. It is the dietitian's responsibility to meet with the client and find out more about the problem before consulting with the physician.

Q45 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.03 b – Determine nutrition requirements

<u>Option 1.</u> **These comparisons will give the dietitian the information needed to decide if the tube feedings meet client requirements.**

Option 2. This assessment would not give the dietitian information about the need for vitamin/mineral supplements.

Option 3. The dietitian would first determine if the standard tube feeding meets DRIs rather than wait for signs of deficiencies to appear (i.e., preventative/proactive approach).

Option 4. This may be done later but the first step is to compare the formulae with the DRIs for vitamins and minerals.

APPENDIX K
References currently used in Canadian Programs

The following are some of the publications currently in common use throughout Canadian institutions providing accredited food and nutrition baccalaureate programs and practicums. This list does not attempt to include all acceptable references nor is it suggested that the Exam is necessarily based on these references. This list is provided as general reference guidance only. Please note that URLs for web-based references may change without notice.

In preparation for the Exam, it is recommended that you review the Entry-Level Competencies (Appendix B) to identify those areas you may need to strengthen. As a well-prepared candidate:

- You will have a firm understanding of basic sciences (e.g., human physiology, biochemistry) as related to competent dietetic practice.
- You should feel capable of fulfilling each of the Food and Nutrition Expertise, Professionalism and Ethics, Communication and Collaboration, Management and Leadership, Nutrition Care, Population Health Promotion, and Food Provision competency domains in all areas of dietetic practice.
- You will have reviewed the domains of competence and your own self-assessment to help identify references to consult.

Remember, the purpose of the Exam is to confirm minimal competence (entry-level ability), not to assess all of your dietetic knowledge or skill areas.

Clinical Nutrition; Metabolism and Human Nutrition

- Brown, J.E. Nutrition through the lifecycle (6th Ed.). Belmont, CA: Cengage Learning, 2017.
- Canadian Malnutrition Taskforce https://nutritioncareincanada.ca
- DeBruyne, L.K., Pinna, K. Nutrition and diet therapy (10th Ed.). Boston, MA: Cengage Learning, 2020.
- Gropper, S.S., Smith, J.L., Groff, J.L. and Carr, T.P., Advanced nutrition and human metabolism (8th Ed). Cengage Learning, Inc., 2022.
- Nelms, M., Sucher, K.P. Nutrition therapy and pathophysiology (4th Ed.). Boston, MA: Engage Learning, Inc, 2020.
- Raymond, J.L., Morrow, K. Krause and Mahan's food & the nutrition care process (15th Ed.). St Louis, MO: Elsevier/Saunders, Inc, 2021.
- Rolfes, S.R., Pinna, K, Whitney, E. Understanding normal and clinical nutrition (12th Ed.). Boston, MA: Cengage Learning, Inc. 2021.
- Sizer, F.S., Whitney, E., & Piche, L.A. Nutrition concepts and controversies, 6th Canadian ed.). Toronto, ON: Cengage Learning, Inc., 2025.

Clinical Practice Guidelines

- Diabetes Canada. Clinical practice guidelines for the prevention and management of diabetes in Canada. A position statement by the Canadian Diabetes Association. Can J Diabetes 42(1):2018. Including CPG chapter updates, (available at http://guidelines.diabetes.ca/cpg).
- Canadian Adult Obesity Clinical Practice Guidelines. (2020). CMAJ 192(31): E875-891. (Available at https://www.cmaj.ca/content/192/31/E875).

Communication

- Bauer, K.D. & Liou D. Nutrition counseling and education skill development (4th Ed.). Boston, MA: Cengage Learning, Inc, 2021.
- Beto, J.A., Holli, B.B. Academy of nutrition and dietetics. Nutrition counseling and education skills: A practical guide (8th ed.). Burlington, MA: Jones & Bartlett Learning, 2024.
- Contento, I.R. and Koch, P.A. Nutrition education: Linking research, theory practice (4th Ed). Burlington, MA: Jones & Bartlett Learning, 2021.

Community Nutrition/Public Health

- Boyle, M.A. Community nutrition in action. (8th Ed). Boston, MA: Engage Learning Inc., 2022**.**
- Edelstein, S. Community and public health nutrition. (5thEd.). Sudbury, MA: Jones & Bartlett Learning, 2023.
- Issel, L.M. Wells, R., and Williams, M. Health program planning and evaluation. (5th Ed.). Burlington, MA: Jones & Bartlett Learning, 2022.
- McKenzie, J.F., Neiger, B.L., & Thackeray, R. Planning, implementing, and evaluating health promotion programs: A primer (7th ed.). United States: Pearson Education, Inc., 2017.
- Nnakwe, N. E. Community nutrition: Planning health promotion and disease prevention (3rd ed.). Burlington, MA: Jones & Bartlett Learning, 2018.

Dietitians of Canada

- Dietitians of Canada Position Statements (www.dietitians.ca)
- *Code of Ethics for the Dietetic Profession in Canada*
- Practice-based Evidence in Nutrition® (www.pennutrition.com)
- Nutrition for optimal athletic performance
- School Nutrition Policy
- Food Fortification

Foodservice Management; Management

- Canadian Centre for Occupational Health and Safety. Foodservice workers: Safety guide (6th ed.). Hamilton, ON, 2016.
- Canadian Restaurant and Foodservice Association. Food Safety Code of Practice for Canada's Foodservice Industry. Toronto, ON, 2015.
- Drummond, K.E., Cooley, M., and Cooley, T.J. Foodservice operations and management: Concepts and applications. Burlington, MA: Jones & Bartlett Learning, 2022.
- Gregoire, M.B. Foodservice organizations: A managerial and systems approach (10th Ed.). Pearson Education, Inc, 2024.
- Peacock, M., Stewart, E.B., and Belcourt, M. Understanding human resources management: A Canadian perspective (2nd ed.). Toronto, ON: Cengage Learning, Inc., 2023.

Government Publications/Nutrition Standards

Health Canada Publications (available at Publications – Food and nutrition - Canada.ca http://www.hc/).
Document examples:

- Canada's Food Guide 2019
- Nutrition Labelling
- Dietary Reference Intakes
- Prenatal Nutrition
- Infant Nutrition

Government of Canada (2023). Common definitions on cultural safety: Chief public health officer health professional forum available at: Common Definitions on Cultural Safety: Chief Public Health Officer Health Professional Forum - Canada.ca

Office of the Privacy Commissioner of Canada. The personal information protection and electronic documents act (PIPEDA) available at: PIPEDA https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/

Indigenous Health

- Dennis, M.K. and Robin, T. Healthy on our own terms: Indigenous wellbeing and the colonized food system. Journal of Critical Dietetics, 5(1), 2020. Available at: https://journals.library.torontomu.ca/index.php/criticaldietetics/article/view/1333/1311
- Crowshoe, L., Dannenbaum, D., Green, M., Henderson, R., et al., Diabetes Canada. Clinical practice guidelines for the prevention and management of diabetes in Canada: Type 2 Diabetes and Indigenous peoples. Can J Diabetes 2018;42:S296-S306. Available at: https://www.diabetes.ca/health-care-providers/clinical-practice-guidelines/chapter-38#panel-tab_FullText

Professional Standards (available at www.dietitians.ca and provincial regulatory body websites)

- Dietitians of Canada. The Principles of Professional Practice available at: https://www.dietitians.ca/Downloads/Public/Principles-of-Prof-Practice---English.aspx
- Dietitians of Canada. Professional Standards for Dietitians in Canada, 2000
- Provincial Regulations: Contact your regulatory body.

Research

- Babbie, E. & Edgerton, J.D. Fundamentals of social research (6th ed.). Toronto, ON. Cengage Learning, Inc., 2024.
- Bryman, A & Bell, E. Social Research Methods (5th Canadian ed.). Don Mills, ON: Oxford University Press, 2019.
- Drummond, K.E., Reyes, A., Cooke, N.K., Stage, V.C., and Goodell, L.S. Nutrition research: Concepts and applications (2nd ed.). Burlington, MA: Jones & Bartlett Learning, 2023.

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APPENDIX L

STATEMENT ON DISCLOSURE AND CHEATING
CANDIDATE DECLARATION

I acknowledge that all content of the **Canadian Dietetic Registration Examination** (CDRE) is confidential and is the intellectual property of the **Alliance of Canadian Dietetic Regulatory Bodies ("the Alliance").**

I acknowledge that CDRE candidates are prohibited from accessing, disclosing or discussing any information related to any CDRE content at any time. Information specifically authorized by the Alliance, such as the CDRE Preparation Guide, can be accessed, disclosed and discussed without penalty.

I acknowledge that CDRE candidates who access, disclose or discuss CDRE content, **prior to, during, or at any time following** the taking of the CDRE, will be subject to penalty. I have read the "Policy 13, Breach of Exam Integrity and Security" (Appendix N) of the Preparation Guide.

I acknowledge that CDRE candidates will be observed throughout the examination, and that "Policy #13, Breach of Exam Integrity and Security" will apply if there is a breach in examination protocol (cheating or irregular behaviour).

Each candidate is responsible for protecting the integrity of their answers. If cheating is detected at any time before, during, or after the examination, "Policy #13, Breach of Exam Integrity and Security" will apply to those involved.

Declaration:

I acknowledge that I have read and understood the above statement regarding disclosure of examination content and cheating, and that I agree to abide by it.

_____
Name (please print)

_____ _____
Signature Date

Appendix M Candidate Instructions and Statement of Understanding

READ THIS INFORMATION CAREFULLY BEFORE CONTINUING

All examinees are to complete all questions. There are no penalties for guessing, so you are encouraged to answer all the questions on the examination.

1. The Canadian Dietetic Registration Examination (CDRE) is highly confidential. The examination questions are the property of the Alliance of Canadian Dietetic Regulatory Bodies (the Alliance). Unauthorized disclosure of the examination questions is prohibited under copyright laws. By digitally signing this candidate statement of understanding, you agree to maintain the confidentiality of the questions.

   You must therefore:

   a. Keep the exam content confidential, even after the exam. This also includes not discussing the content with anyone who wrote the exam before you, with you or who has not written the exam yet;
   b. Not use or be in possession of any electronic device (such as cell phones, cameras, pagers, iPods, etc.) during the exam; and
   c. Realize that any recording or memorization of exam questions is strictly forbidden whether you intend to recreate parts of the exam for financial gain or not.

2. By registering to take the CDRE, a candidate agrees to abide by all regulations, as well as oral and written instructions controlling the conduct of the examination. These regulations are intended to preserve the integrity of the examination process by providing standard test administration conditions that yield valid and reliable results.

3. Candidates may be observed at all times while they are taking the CDRE. This observation will include direct observation by proctors. Proctors may not necessarily inform you of their observations, but they are required to report behaviour that may violate the terms and regulations of the CDRE or other forms of irregular behaviour.

4. Any cheating and/or breach of confidentiality/security or any attempt to subvert the examination process by any candidate violates the purpose and principles of the examination. Any candidate who carries out, takes part in or who witnesses such behaviour must report it to the proctor, exam company and ultimately to the regulatory body as soon as possible.

The Alliance strives to report results that accurately reflect the skill and performance of each candidate and represent a valid measure of their knowledge or competence as sampled by the examination. Accordingly, our standards and procedures for administering examinations have two related goals: giving candidates comparable opportunities to demonstrate their abilities and preventing any of them from gaining an unfair advantage over others.

To promote these objectives, the Alliance reserves the right to cancel or withhold any examination results when, in the sole opinion of the Alliance, a testing irregularity occurred; cheating has occurred; there is an apparent discrepancy in, or falsification of, a candidate's identification; a candidate engages in misconduct such as accessing unauthorized websites or materials or plagiarism; when aberrations in performance are detected for which there is no reasonable and satisfactory explanation; or the results are believed to be invalid for any other reason. Conduct occurring before, during or after testing that violates these principles may result in invalidation of examination results and/or revocation of one's registration with the regulatory body.

It is your obligation as an aspiring professional to report any test security issues (e.g., answer copying, circulation of any copyright material such as exam or practice test content, etc.) that you become aware of that occurred before, during, or after the exam administration. These incidents must be reported to the examination company and ultimately, the regulatory body immediately. Failure to do so, may result in disciplinary action.

In order to proceed with completing the exam you must verify that you have read, understand, and agree to abide by this statement.

I have read, understand, and agree to abide by the above statement.

_____ _____

Signature Date

Appendix N
Breach of Exam Integrity and Security

INDEX NO: CDRE EXAMINATION Policy #13
APPROVAL BY ALLIANCE: January 2026

POLICY:

"Cheating" on the CDRE means any breach or attempted breach of examination integrity and security that could affect a candidate's own results, the results of another candidate, or the results of a potential future candidate. Any action or behaviour in contravention of the *Candidate Acknowledgements* will be considered cheating.

Cheating can include, but is not limited to, one or more of the following:

a) Attempting to observe another candidate's work.
b) Seeking aid from or giving aid to another candidate.
c) Speaking or communicating with any other person, including another candidate, before, during or after the examination with respect to the content of the examination.
d) Falsifying accommodation requests or supporting documents.
e) Impersonating another candidate to take the exam on their behalf or engaging any other candidate to take the CDRE in their place.
f) Memorizing, recording, copying, recreating, reproducing, disclosing, publishing, or transmitting contents of the CDRE, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose.
g) Starting or restarting their exam before being instructed to do so and/or continuing the exam after being told to cease.
h) Bringing reference materials to the testing environment, whether in an apparent or concealed manner, or any other prohibited item that has not been expressly permitted, including electronic devices.
i) Accessing or attempting to access reference materials during the exam, when permitted to temporarily leave the testing environment or at any time that the candidate is not in view of exam proctors (e.g., during the break between Part 1 and Part 2 of the exam or in the event of an exam interruption).
j) Interacting with any other person, including another candidate, to give or receive help, or for any other purpose for the duration of the exam.
k) Removing or attempting to remove any item or material used in the CDRE from the testing environment.
l) Modifying, misrepresenting, or fabricating exam status or results or any other CDRE documentation.

Potential outcomes associated with cheating may include but are not limited to one or more of the following:

a) Candidate will not receive the result of their exam, and the attempt will count as a failure and one of the three permitted attempts.
b) Candidate's original exam responses will be considered as the official responses (should suspicious activity patterns be identified).
c) Candidate to be temporarily or permanently banned from taking the CDRE.
d) Candidate required to take the exam in-person if permitted to rewrite the exam.
e) Have legal action taken against them.
f) Have their behaviour reported to the relevant regulatory body.

PROCEDURE:

1. The examination company and proctors will monitor candidates for behaviour that suggests cheating.

   Suspicious behaviour may include, but is not limited to, making any sounds such as whispering, speaking, or reading the exam out loud, excessive eye or body movements, not sitting upright, looking away from the computer screen, and fidgeting with items present in the testing environment, including clothing.

   Where it appears to the examination company that cheating is occurring, the candidate may:
   a) Be stopped from continuing with the exam.
   b) Have their exam interrupted.
   c) Receive a warning to discontinue the behaviour and/or be asked to explain suspicious or disruptive behaviour.
   d) Be asked to surrender any objects or materials that could be used for cheating.
   e) Have their examination session terminated.

2. All suspected instances of cheating will be reported to the Alliance and ultimately to the regulatory body where the candidate was deemed eligible to take the exam. The Alliance and/or regulatory body may act in accordance with applicable legislation and policy.

3. In the case of suspected cheating, the candidate's exam result will be withheld while the matter is being investigated. Candidates will be notified of the investigation.

4. If the allegation of cheating is confirmed the candidate will be asked to submit a written response within 30 business days. The investigation results and the candidates' response will be reviewed by the Alliance's Conduct Committee. The Conduct Committee shall determine the consequences.

5. If the allegation of cheating is confirmed, the exam company will be notified.

6. A letter will be sent to the candidate outlining the Conduct Committee's decision, and a copy of this letter will be provided to all the Canadian dietetic regulators.

7. The candidate will not be eligible for a refund for the exam invalidated and will be required to pay for the next exam if eligibility is granted.

8. The candidate's regulatory body will determine, according to its own policies, whether any other action is required in response to the invalidation of results.

9. The candidate may request an appeal for the decision according to CDRE Policy Number 12. If members of the Conduct Committee are on the Appeals Committee, they will recuse themselves from hearing the appeal.

Alliance of
Canadian Dietetic
Regulatory Bodies

APPENDIX N

Request for Nullification

To request nullification, completion of this form and payment of the fee is mandatory.

SECTION A: (COMPLETED BY THE CANDIDATE)

Please provide the following information:

Date: _____

Registration number (if applicable): _____

Regulatory Body: _____

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Date of Exam: _____ Location of exam: _____

What is the health impairment you experienced during the examination? *(Please provide a detailed explanation. It cannot have been existing/ongoing at the start of the examination. It needs to have significantly affected your capacity to complete the examination.)*

_____

_____

_____

_____

By signing below, I, _____, confirm that the information provided in this document is true and consent to the Alliance of Canadian Dietetic Regulatory Bodies collecting, using, and disclosing my personal information for the purpose of processing this request.

_____ _____

Signature Date

SECTION B: (COMPLETED BY THE REGULATED HEALTH CARE PROFESSIONAL)

Please outline the nature of the relevant condition(s) and the extent to which the condition(s) would have impaired the Candidate's performance on the examination[2]. The report must include the date of the report and/or assessment, full name, telephone number, and mailing address of the medical professional, and the Candidate's full name. The health care professional is to send the completed form and any indicated supporting documentation directly to the provincial dietetic regulatory body.

Please provide the following information.

Date of Exam: _____

Name of Patient: _____

Professional Designation/Title: _____ Licence Number: _____

First Name: _____ Last Name: _____

Phone Number: _____ Email: _____

Office Address: _____

Detailed description of the impaired health status and how it would have affected the patient's ability to complete the exam on the examination date.

_____

_____

_____

A description of treatment plan.

_____

_____

_____

Name: Date:

_____

Signature:

_____

[2] The purpose of the Canadian Dietetic Registration Examination (CDRE) is to assess the competency of dietitian candidates to determine a candidate's eligibility to practise. As such, the CDRE is defined as a high-stakes assessment. The CDRE is a computer-based exam taken over a four-hour period. The CDRE is either administered by remote proctoring in a virtual format or in a testing room with other writers.

Your request should be sent via email (*please note when sending via email documents must be password protected*) to: Regulatory Bodies email address (Regulator bodies please add in your email)