

APPENDIX "A"

Declaration of Certification for Gastric (nasoro) Feeding Tube Insertion

Declaration by Registrant:

I meet the approved CDBC standards for

- gastric (nasoro) feeding tube insertion

and understand that in order to meet the requirements in section 6 of the Dietitians Regulation; I will only act under delegated authority of a medical practitioner and in accordance with these standards. I have developed the combined knowledge, skill, attitude and judgment required for the competent insertion of gastric (nasoro) feeding tubes.

I understand that I must maintain the required competencies (knowledge, skill, judgment, and attitude). This includes the insertion of 6 feeding tubes per 6-month period. I am currently registered with Restricted Activities (a) and (c).

Name (print): _____

CDBC registration number: _____

Signature: _____

Date: _____

Declaration by Physician or Qualified Delegate

(To be completed by a physician or qualified delegate who is knowledgeable about the individual's ability to insert gastric (nasoro) feeding tubes)

I verify that the Registered Dietitian named above competently inserts gastric (nasoro) feeding tubes and meets the standards set by the CDBC and the CPSBC as stated in this document.

Name (print): _____

Signature: _____

Date: _____

Declaration by Employer

(To be completed by Nutrition Department Head, Program Head, or equivalent position)

I am aware that the Registered Dietitian named above has been deemed competent to insert gastric (nasoro) feeding tubes.

Name (print): _____

Position: _____

Signature: _____

Date: _____