



COLLEGE OF DIETITIANS OF BRITISH COLUMBIA

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Reg10/CDRE/appl fm. Nov 6 2010

Canadian Dietetic Registration Examination

Application Form

November 6, 2010

Examination Information:

- Next session of the Canadian Dietetic Registration Examination: **Saturday, November 6, 2010**
- Eligibility: Temporary Registration with the CD BC (or eligible for Temporary Registration)
- Application deadline date for the application form and the fee: **Friday, September 24, 2010**
- Examination Details: The Preparation Guide is available to download from the CD BC website @ www.collegeofdietitiansbc.org
- **Additional details regarding the examination venue and time will be forwarded to you via email prior to the examination. Please ensure you let the office know if your email address changes.**

Note: You may not use the title “Registered Dietitian” or the initials “R.D.” until the CD BC notifies you of your successful examination results.

Personal Information:	
Salutation: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.	Date of Birth: _____ (yy/mm/dd)
First Name: _____	Initials _____ Last Name: _____
Home address:	
Street: _____	
City: _____	Prov.: _____ Postal Code: _____
Tel: (home) _____	E-mail address (home) _____
Dietetic Education Program (Academic)	
Bachelor Degree: _____ University: _____	Date: _____ (yy/mm/dd)
Masters Degree: _____ University: _____	Date: _____ (yy/mm/dd)
Practical Education Program (Internship/Practicum) – one of:	
Internship/practical training program (name): _____	Date: _____ (yy/mm/dd)
Attestation of graduate competencies: _____	Date: _____ (yy/mm/dd)

I have the following special needs which require accommodation:
_____ and will contact the CDBC office within three weeks prior to the date of the examination to confirm satisfactory arrangements.

I have religious convictions that prevent me from writing the examination on the date scheduled and will contact the CDBC office immediately to arrange an alternate date.

I wish to write the examination in: English French

I am aware that aggregate exam results will be used for statistical purposes.

I have enclosed the examination fee of \$400.00

Cheque Money Order

Please make cheque or money order in Canadian funds payable to: College of Dietitians of BC

Or: Visa Mastercard

Credit Card Number: _____ Expiry Date: _____ / _____
MM / YY

Signature: _____ Date: _____

If you have any questions, please contact:
Marilyn Elliott, Executive Assistant
College of Dietitians of British Columbia
Suite 409 – 1367 West Broadway
Vancouver, BC V6H 4A7
Telephone: (604) 736-2016
Toll-free within BC: 1 (877) 736-2016 Facsimile: (604) 736-2018

CANDIDATE DECLARATION TO MAINTAIN CONFIDENTIALITY

This examination is protected by copyright. All questions are confidential and the property of the Alliance of Canadian Dietetic Regulatory Bodies.

Candidates taking the Canadian Dietetic Registration Examination are prohibited from divulging the content and must not, under any circumstances, share examination information with any person at any time.

Candidates who disclose examination content prior to, or at any time following the examination, will be subject to penalty.

Each candidate is responsible for protecting the integrity of his or her answers. Candidates will be observed throughout the examination and contravention of examination protocol (cheating) will result in immediate disqualification and removal from the examination.

DECLARATION

My signature below constitutes my acknowledgement that I have read the above notice regarding disclosure of examination content and cheating, that I understand the declaration information, and that I agree to abide with the provisions contained therein.

Printed name Date

Signature: _____