College of Dietitians of British Columbia

Appendix 2

Verification of Current Competence to Practice Restricted Activities

Please print, complete and submit by mail or fax to the CDBC
Suite 103, 1765 West 8th Avenue, Vancouver, BC V6J 5C6 or fax to 604.736.2018

Reminder: **This form is not required from registrants who completed an approved internship program less than 3 years ago.** After 3 years, Appendix 2 is required annually to practice Restricted Activities.

Name of applicant: _____

In my professional opinion, the above named applicant currently practices the following Restricted Activities in a competent manner and the registrant does not pose a risk of harm to the public.

Please check (✓) the Restricted Activities that the above named applicant is currently competent to practice:

_____ (a) design, compound or dispense therapeutic diets where nutrition is administered through enteral means

_____ (b) design therapeutic diets where nutrition is administered through parenteral means

_____ (c) administer a substance to a person by instillation through enteral means

_____ (d) administer a substance to a person by instillation through parenteral means

Signed verification of current competence is required annually. Signatures may be obtained from two supervising or peer registered health professionals, including registrants of the College of Dietitians of BC, College of Registered Nurses of BC, College of Pharmacists of BC or College of Physicians and Surgeons of BC. RDs verifying competence must be registered with the Restricted Activities they are signing for. Verification from health professionals regulated under similar Acts in other Canadian jurisdictions is also acceptable.

It is a serious offence to sign this form if you are not confident the Dietitian named above is currently competent to practice the indicated Restricted Activity(ies) **or** if you are not familiar enough with the daily practice of the indicated Restricted Activity(ies) to verify the Dietitian's competence.

First verification signature:

_____ _____ _____
Signature Printed Name Date

_____ _____
Professional designation Name of Regulatory Authority & Registration number

Second verification signature:

_____ _____ _____
Signature Printed Name Date

_____ _____
Professional designation Name of Regulatory Authority & Registration number