



Dietitians Association of Australia

(A company limited by guarantee - incorporated in the ACT)
(A.C.N. 008 521 480) (A.B.N. 34 008 521 480)

1/8 Phipps Close, DEAKIN ACT 2600 AUSTRALIA, Telephone +61 2 6189 5200

**APPLICATION FOR ASSESSMENT OF ELIGIBILITY
TO SIT PROFESSIONAL EXAMINATIONS IN DIETETICS
BY REGISTERED DIETITIAN (CANADA)**

All applications for Assessment of Eligibility must be accompanied by evidence of:

- 1. Passing the Canadian Dietetic Registration Examination (CDRE)
- 2. Current Annual Registration with College of Dietitians of Ontario, Canada
- 3. Completion of [Specialised Reading Program in Indigenous Health](#) (reading material available on DAA website under [Mutual Recognition with New Zealand](#))

Please send your completed application, supporting documentation and 2 passport sized photos to:

DSR Administrator, DAA, 1/8 Phipps Close, Deakin ACT 2600, Australia

Enquiries should be forwarded to dsr@daa.asn.au

PERSONAL DETAILS

Title(Ms, Miss, Mrs, Mr, Dr, Other)..... Male/Female

First Names..... Preferred Name.....

Last Name..... Former Name.....

Date of Birth ... / /.....

Home Address

..... COUNTRY

Home Telephone Fax E-mail

Work Address

..... COUNTRY

Work Telephone E-mail

Mobile Telephone Do you have Regular Access to Internet Y[] N[]

Preferred Postal Address (specify HOME or WORK) ... Preferred E-mail Address (specify HOME or WORK)

Assessment Payment Section - Tax Invoice - (ABN 34 008 521 480)

Mutual Recognition Assessment:

- AUD \$300.00 (assessment of eligibility is GST exempt)
- Cheque Please debit payment to my: Mastercard Visa (Note – Amex/Diners Club or Direct Debit **not** accepted)

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Expiry Date:...../.....

CVV Number

Card Holder's Name:..... Cardholder's Signature:.....

1.
 - (a) I apply for assessment of eligibility to sit the professional examinations for dietetics Reciprocal Agreement candidates in accordance with the Agreement between the Dietitians Association of Australia and the College of Dietitians of Ontario.
 - (b) I have passed the Canadian Dietetic Registration Examination (CDRE) *(Please supply evidence)*
 - (c) I am currently credentialed as a Registered Dietitian with the provincial dietetic regulatory body ticked below
 College of Dietitians of Ontario
 - (d) I have practised as a Registered Dietitian for more than 1 year
2. My registration number with the CDO is
Class of registration
Year first registered
3. My Annual registration certificate/permit is valid from __/__/__ to __/__/__ *(Please attach copy)*
4. I am not the subject of any disciplinary proceedings or of preliminary investigations or action that might lead to disciplinary proceedings, in Australia, above selected province or other jurisdiction.
5. My registration is neither cancelled nor suspended in any jurisdiction as a result of disciplinary action.
6. I am not otherwise personally prohibited from practising as a dietitian in any jurisdiction, and I am not subject to any special conditions in carrying on any such occupation, as a result of criminal, civil, or disciplinary proceedings in any jurisdiction.
7. Please tick one:
 I **am not** subject to special limitations or special conditions in practising.
 I **am** subject to special limitations or special conditions in practising.
Please detail any special limitations or conditions *(attach any further information)*
8. I give consent to the Dietitians Association of Australia making inquiries of, and exchanging of information with, the CDO or other jurisdiction regarding my activities in the practice of dietetics or any other matters relevant to this application.

I further solemnly and sincerely declare that:

1. All of the information provided with this application is true and correct in every particular and detail.
2. I have not been convicted by any court in Canada, or elsewhere, of any offence punishable by imprisonment for a term of 3 months or longer.
3. I do not have a mental or physical condition that precludes me functioning as a safe and competent practitioner.
4. I am not the subject or have ever been the subject of professional discipline by any other health occupational registration authority.
5. I know of no information that could cause the Dietitians Association of Australia not to be satisfied that I am fit to practise and am a competent person to apply for Mutual Recognition.
6. I have completed the Specialised Reading Program in Indigenous Health provided by the Dietitians Association of Australia on its web site relating to cultural competency.
7. I will provide the Dietitians Association of Australia with any such further information as it may require.

If you cannot make any of the above declarations, strike it out and state details of why: *(Attach any further information)*

.....

SIGNED BY: Name:
(Full name of applicant) (Signature of applicant)

Declared at: this day of 20

IN THE PRESENCE OF: Name:
(Full name of witness) (Signature of witness)

Address (of witness):

Occupation (of witness):
(Please note: A witness must not be a relative or a close friend)