

Saskatchewan Dietitians Association
REGISTRATION FORM FOR MEMBERSHIP FOR GRADUATES OF
ACCREDITED ACADEMIC AND PRACTICAL PROGRAMS IN CANADA

GENERAL INFORMATION

Surname: _____ Previous Surname: _____

Given Names: _____ Ms. ___ Miss ___ Mrs. ___ Mr. ___

Age Range: 18-29 y 30-39 y 40-49y 50-59y 60-69 y >70 y

Please print or type (using upper and lower case letters) the name you wish to appear on your Licence : _____

HOME ADDRESS

Street/Apartment/Box: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Telephone: _____

CURRENT EMPLOYMENT RECORD

Position Title: _____

Organization: _____ Start Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

E-mail: _____ Telephone: _____

Employment Status: ___ Full-time ___ Part-time ___ Self-employed ___ Not employed

Scope of Practice: ___ Clinical _____(Specify area) ___ Administrative
___ Community/Public Health ___ Consultant ___

---- Other _____(Specify)

ACADEMIC QUALIFICATIONS

Accredited Undergraduate Degree: _____

University: _____

Year Granted: _____

Other Degrees _____

University _____

Year Granted _____

Other Degrees _____

University _____

Year Granted _____

Documentation required:

_____ an official transcript of all pertinent courses (with all final grades)
sent directly from the University (ies)

PRACTICAL TRAINING

Accredited Dietetic Internship Program

Location _____

Year of Completion _____

Program Director _____

Pre- Approved Practicum Program

Location _____

Year of Completion _____

Program Director _____

Documentation Required:

_____ Verification letter from the Institution

GOOD STANDING AND PROFESSIONAL CONDUCT

Please answer the following:

1. Have you been found guilty of a criminal offence (or an offence under the Food and Drugs Act (Canada) or the Narcotic Control Act (Canada))?
_____ Yes _____ No
2. Have you been found guilty of professional misconduct, incompetence or negligence in Saskatchewan or any other jurisdiction in relation to the practice of dietetic or any other profession? _____ Yes _____ No
3. Are you the subject of any current proceedings for professional misconduct, incompetence or negligence? _____ Yes _____ No

If you have answered “yes” to any of the above questions, please provide details.

4. Have you been previously registered with the Saskatchewan Dietitians Association?
_____ Yes _____ No

If yes, please provide Date of last registration _____

License number _____

5. Are you presently registered in any other jurisdiction related to the practice of Dietetics? _____ Yes _____ No

If “yes”, please specify:

Dietitians of Canada #: _____

Provincial Association: _____ # _____

American #: _____

International: _____ # _____

TYPE OF LICENCE

Check off the type of licence you wish to obtain:

i) Full Practicing Licence _____

ii) Restricted Licence _____

REGISTRATION EXAMINATION

Have you previously written the registration examination? _____ Yes _____ No

If yes, what was the result? _____ Date of Exam _____

PAYMENT OF FEES

Registration Fee \$105.00 _____
Licensing Fee \$300.00 _____ (\$150.00 if after October 1st)

There is a penalty of \$20.00 for NSF cheques.

You can pay online by credit card or by cheque or money order payable to Saskatchewan Dietitians Association

BY PROVIDING YOUR SIGNATURE YOU ARE STATING:

I verify that all statements contained in this application are accurate. I understand that a false or misleading statement or misrepresentation may be cause for revocation of my Membership.

I agree to notify the SDA Board within 30 days when there are any changes to the information contained within this form.

If I am a member of another regulatory body, I agree to have the Registrar obtain verification of my membership in good standing and obtain any documents required.

I agree to have my contact information added to the SDA Roster published on the members only section of the website Yes_____No_____

Signature _____ **Date** _____

Complete your application and payment online at www.saskdietitians.org or Mail form and payment in full to:

Saskatchewan Dietitians Association
#17-2010 7th Avenue
Regina, Saskatchewan
S4R 1C2

Inquiries may be directed to:

Registrar
Saskatchewan Dietitians Association
Phone: 306-359-3040
Fax: 306-359-3046
Email: registrar@saskdietitians.org