

# **SASKATCHEWAN DIETITIANS ASSOCIATION REGISTRATION PROCEDURES**

## **Guidelines for Completing the Application for Registration: Temporary Applicants**

Please read the guidelines before you start to fill in your application

### **Basic Instructions**

Please type or print neatly. All sections of the form must be completed. Do not use abbreviation of hospitals or organizations; provide the names in full. Once completed, review your application. Allow 2-4 weeks for processing of your application.

### **Application Procedures**

When the Association receives your application, it is reviewed to ensure that:

- 1) the form is complete
- 2) all necessary documents have been received or will be forthcoming

If the application is incomplete, it will be returned to you. An incomplete application or NSF cheque will delay the processing of your application.

A complete registration form along with the required documentation and registration fee must be submitted before the application is reviewed. Please note that you can fill in your application form and pay your registration fees online at [www.saskdietitian.org](http://www.saskdietitian.org). Contact the Registrar for details.

## **COMPLETING YOUR APPLICATION FOR TEMPORARY REGISTRATION**

### **GENERAL INFORMATION**

This information is required for completion of the membership database. Give complete addresses and telephone numbers indicating area code and extension when applicable. If you work for more than one employer, provide information on each of the employers. (Add photocopied pages if necessary)

### **GOOD STANDING AND PROFESSIONAL CONDUCT**

Mutual recognition agreements with Provincial Dietetic Regulatory Boards in Canada require information on member legal activity.

### **MUTUAL RECOGNITION VERIFICATION**

Temporary Licence is limited to Dietitians in good standing with a Canadian Dietetic Regulatory Body who require registration on a temporary basis for a specified purpose approved by the registrar. A Temporary Licence may be issued to a person wishing to practice dietetics in Saskatchewan for a period not to exceed 3 months. It may be renewed at the discretion of the Registrar. For the duration of the Temporary Licence the member must remain registered with the Canadian Dietetic Regulatory Body that they were registered with at the time of application. The Temporary Licence will state the limitations imposed on practice by the Registrar. A member who holds a Temporary Licence is entitled to use the title Professional Dietitian; Registered Dietitian and initials P.Dt. and R.D.

## **PAYMENT OF FEES**

All candidates must submit the licensing fee of **\$25.00 (per month)** and application fee of **\$25.00**.

**PLEASE SUBMIT THE FEES BY CREDIT CARD ON LINE OR IN A CHEQUE OR MONEY ORDER.**

**Make payable to the Saskatchewan Dietitians Association.**

The application form must be signed and dated in order to be reviewed.

IF YOU HAVE FURTHER QUESTIONS REGARDING YOUR APPLICATION, PLEASE CONTACT SDA:

Telephone: 306-359-3040 Fax: 306-359-3046 or Email: [registrar@saskdietitians.org](mailto:registrar@saskdietitians.org)

### **Note: Restricted Title**

**Use of the title Professional Dietitian, Registered Dietitian, Dietitian and the initials P.Dt., R.D. are restricted in Saskatchewan under an Act respecting the Saskatchewan Dietitians Association to members of the Saskatchewan Dietitians Association. Applicants may not use the title or the initials until they have received acceptance of their membership to SDA.**

**Please copy this application form for your records**

**Saskatchewan Dietitians Association**

**APPLICATION FOR TEMPORARY REGISTRATION**

**GENERAL INFORMATION**

Surname: \_\_\_\_\_

Previous Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_ 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 Membership Card: \_\_\_\_\_

**HOME ADDRESS**

Street/Apartment/Box: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

**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

**CURRENT EMPLOYMENT RECORD (Continued)**

Scope of Practice: \_\_\_\_\_ Clinical (Specify area) \_\_\_\_\_  
\_\_\_\_\_ Administrative \_\_\_\_\_ Community/Public Health \_\_\_\_\_ Consultant  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

**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 any other jurisdiction in relation to the practice of dietetics 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.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MUTUAL RECOGNITION VERIFICATION**

I am registered as a dietitian in the province of \_\_\_\_\_.

Membership # \_\_\_\_\_ Name of Regulatory Body \_\_\_\_\_.

Date which temporary membership is required. \_\_\_\_\_.

How long is membership required? \_\_\_\_\_.

For what purpose is your membership required? \_\_\_\_\_.

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**PAYMENT OF FEES**

Application Fee \$25.00 \_\_\_\_\_

Temporary Licensing Fee \$25.00 per month \_\_\_\_\_ (Note this is good for one month from the date of approval).

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

Make cheques or money orders 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 registrar if 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.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

Submit payment and form online at [www.saskdietitians.org](http://www.saskdietitians.org) or mail form and payment in full to:

Saskatchewan Dietitians Association  
#17-2010 7<sup>th</sup> 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