Saskatchewan
College of Dietitians

VERIFICATION OF REGISTRATION (VOR) REQUEST FORM

PERSONAL INFORMATION:

First Name:		Middle:	
Last Name:			
Preferred Name (if any):			
Date of Birth:			
Registration Number:			

SELECT WHICH REGULATOR(S) YOU WISH TO SEND YOUR VERIFICATION OF REGISTRATION TO:

☐	College of Health and Care Professionals of BC
☐	College of Dietitians of Alberta
☐	Saskatchewan College of Dietitians
☐	College of Dietitians of Manitoba
☐	College of Dietitians of Ontario
☐	Ordre des Diététistes-nutritionnistes du Québec
☐	New Brunswick Association of Dietitians
☐	College of Dietitians of PEI
☐	Nova Scotia Regulator of Dietetics
☐	Newfoundland & Labrador College of Dietitians
☐	Other:

By completing this form, I understand that my current regulator will share the information noted on the next page for registration assessment with the regulator (or regulators) selected above, in connection with my intention to be registered/licensed as a Registered Dietitian in another province.

I understand that:

- The information that will be provided pursuant to this VOR request form is for the purpose of registration assessment.
- The receiving regulator (or regulators) may rely on the information provided to determine whether I meet the requirements for registration and whether any equivalent terms, conditions, or restrictions should apply.
- The receiving regulator may contact the regulator (or regulators) selected above for additional information or clarification after the initial response is provided.
- Completion of this form and the sharing of information do not guarantee that my application for registration will be approved.

Signature:	
Date:	