
Application form:
Certification of Proficiency in Dietetics



Ceylon Medical College Council
Sri Lanka

This document has been prepared in accordance with current globally accepted competencies and minimum standards by the relevant bodies in dietetics.

APPLICATION FORM

CERTIFICATION OF PROFICIENCY IN DIETETICS

Personal information

1. Surname (IN BLOCK LETTERS):.....

2. Other names (IN BLOCK LETTERS):.....

3. Address (IN BLOCK LETTERS):.....

.....

4. Telephone:.....

5. Email:.....

6. Date of birth:.....

7. Gender:

8. National identity card number:

9. Licenses/proficiency certificates obtained from other bodies to practice as a dietician and or nutritionist/allied discipline, if any (include most relevant license only):

Licensing body & Licensed profession:

Country & Dates of validity:

Registration number:

10. Current employment and affiliation:

.....

.....

11. Previous employments (list in chronological order):

Post	Institution	Dates		Official use
		From	To	

DOCUMENTARY EVIDENCE REQUIRED

1. BACHELOR’S QUALIFICATION IN DIETETICS

Evidence:

Certified copies of degree transcripts annexed as given below.

Qualifications	Awarding body/institution	Date awarded	Page number of annexure	Official use

1.1 Additional supporting documents required with respect to Bachelor’s qualifications in nutrition / dietetics

Evidence:

	Relevant page number(s)	Official use
1.2.a University Grants Commission (UGC) recognition of the degree programme or World Educational Service (WES, https://www.wes.org/) Course-by-Course evaluation report		
1.2.b Evidence that the degree programme has a minimum requirement of 90 credits in order to graduate		
1.2.c Document issued/published by the degree granting institution indicating the value of a credit in terms of contact hours and/or notional hours.		
1.2.d Document issued/published by the degree granting institution indicating the minimum passing grade for a course within the degree programme (e.g., C, C-, D...)		

1.2 Courses completed with respect to Bachelor’s qualifications in nutrition/dietetics

Select core areas studied in your degree

* Possible courses/subjects are given as examples but not limited to examples given

** Please state, exactly as indicated in the transcript or course outline/syllabus/pages of the handbook. Indicate the relevant page number of the annexure in each cell.

Evidence:

Core areas of study	Courses or subjects*	Credits**			Official use
		Number of credits	Semester and year	Annexure Page No	
Human biochemistry	Eg: Principles of biochemistry				
Metabolism	Eg. Metabolism/ metabolism of nutrients/integrated metabolism				
Human physiology	Eg. Principles of physiology				
Food science	Eg. Nutrients, foods and functional foods including food chemistry, food technology				
Principals of human nutrition	Eg. Principles of nutrition/ human nutrition				
Lifecycle nutrition	Eg. Nutritional requirements in life stages				
Diet disease relationships	Eg. Nutrition principles in disease				
Menu planning	Eg. Developing disease specific diet prescriptions				
Assessment of nutritional status in individuals	Eg. Skills training in nutritional assessment				
Psychology related to food consumption	Eg. Sociology in food and nutrition/socio-ecology and food behaviour				

Core areas of study	Courses or subjects*	Credits**			Official use
		Number of credits	Semester and year	Annexure Page No	
				
Nutrition communication and counseling	Eg. Communication in health promotion				
Nutrition, health and society	Eg. Public health nutrition				
Dietetics	Eg. Developing disease specific diet prescriptions/ medical nutrition therapy/ clinical nutrition				
Research methodology	Eg. Research methods in nutrition/ research project				
Basic statistics	Eg: Information systems and data handling				
Food safety and hygiene	Eg. microbiology and food safety				
Dietetic practice	Eg. Health care and food services under supervision of a dietician				
Dietetics in Food service management	Eg. Food and beverage service management				

2 CERTIFICATION OF PROFICIENCY AS A DIETICIAN WITH A MASTER'S DEGREE IN DIETETICS

Evidence:

Certified copies of degree certificates annexed as given below.

Qualifications	Awarding body/Institution	Date awarded	Page number of annexure	Official use

2.1 Additional supporting documents required with respect to Master's qualification in dietetics

Evidence:

Evidence	Relevant page number(s)	Official use
2.2.a University Grants Commission (UGC) recognition of the degree programme or World Educational Service (WES, https://www.wes.org/) Course-by-Course evaluation report		
2.2.b Evidence that the degree programme has a minimum requirement of 30 credits in order to graduate		
2.2.c Document issued/published by the degree granting institution indicating the value of a credit in terms of contact hours and/or notional hours.		
2.2.d Document issued/published by the degree granting institution indicating the minimum passing grade for a course within the degree programme (e.g., C, C-, D...)		

2.2 Courses completed with respect to Master’s qualifications in dietetics

Select core areas studied for your degree

* Possible courses/subjects are given as examples but not limited to examples given

** Please state, exactly as indicated in the transcript or course outline/syllabus/pages of the handbook.

Indicate the relevant page number of the appendices in each cell.

Evidence:

Core areas of study	Courses or subjects*	Credits**			Official use
		Number of credits	Semester and year	Annexure Page No	
Human nutrition and metabolism					
Lifecycle nutrition					
Nutritional assessment					
Community and public health nutrition					
Nutritional communication and counselling					
Diet and disease					
Dietetics					
Food Science					
Food service management					
Dietetics attachment – 1000 hours					

3. PROFESSIONAL PLACEMENT DETAILS (MINIMUM OF 1000 HOURS)

Setting within hospital appointment	Number of patients seen		Dates per setting	Number of hours covered per setting	Signature of supervisor	Official use
	Acute	Follow-up				
Gastroenterology*						
Cardiology						
Metabolic disorders*						
Liver disease*						
Renal disease*						
Cancer*						
Neurology						
Intensive care						
Pre-operative and postoperative care*						
General paediatrics						
Growth faltering						
Paediatric obesity and metabolic disease						
Antenatal care setting						
Hospital food preparation facility observation*	Yes/no Other.....					
Were weekly discussion meetings held with supervisor	Yes/No State total number held.....					
Regular reporting to supervisor followed	Yes/No Other.....					

- The total of 1000 hours of supervised placement should include: a minimum of 5 patients in each core setting (marked with an asterisk) plus a combination of the other settings making up the total number of 1000 hours.

Details of the supervisor/s

Name	Highest qualification	Registration SLMC (Reg NO)	Post- Registration Experience	Official use

4. DECLARATION AND ENDORSEMENT

I declare that the information furnished in this application form is true and accurate. If the information is found to be false at any time, I am aware that I will not be eligible for licensing, my existing license will be withdrawn, and legal action may be taken against me.

.....

Signature of applicant

Full name **(IN BLOCK LETTERS)**

.....

Date:

Endorsement by a current SLMC Registered dietician

(Endorsement should be requested only once all relevant details have been completed in this form and annexures have been attached).

How long have you known the applicant?.....

In what capacity?.....

Do you endorse the application?.....

Name:

Address (**IN BLOCK LETTERS**) :

Telephones:

Email:.....

SLMC registration No: Date of registration:

Signature :.....

Date :.....

EVALUATION PANEL COMMENTS AND FEEDBACK FORM (office use only)

File No. Applicant name: Date:

Name of panel member	Declaration of prior relationship(s) with applicant and/or potential conflicts of interest	signature
1.		
2.		
3.		

Subsection of application	Fulfils min requirement Y/N/NA	Concerns if any	Follow-up action required
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Overall recommendation

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