APPENDIX "A"

Declaration of Certification for Gastric (naso/oro) Feeding Tube Insertion

Declaration by Registrant:

I meet the approved CDBC standards for

□ gastric (naso/oro) feeding tube insertion

and understand that in order to meet the requirements in section 6 of the Dietitians Regulation; I will only act under delegated authority of a medical practitioner and in accordance with these standards. I have developed the combined knowledge, skill, attitude and judgment required for the competent insertion of gastric (naso/oro) feeding tubes.

I understand that I must maintain the required competencies (knowledge, skill, judgment, and attitude). This includes the insertion of 6 feeding tubes per 6-month period. I am currently registered with Restricted Activities (a) and (c).

Name (print):
CDBC registration number:
Signature:
Date:

Declaration by Physician or Qualified Delegate

(To be completed by a physician or qualified delegate who is knowledgeable about the individual's ability to insert gastric (naso/oro) feeding tubes)

I verify that the Registered Dietitian named above competently inserts gastric (naso/oro) feeding tubes and meets the standards set by the CDBC and the CPSBC as stated in this document.

Name (print):		
Signature:		
Date:		

Declaration by Employer

(To be completed by Nutrition Department Head, Program Head, or equivalent position) I am aware that the Registered Dietitian named above has been deemed competent to insert gastric (naso/oro) feeding tubes.

Name (print):
Position:
Signature:
Date: