

\* This form expires within 30 days of completion.

## **Statutory Declaration**

, _		of	in	
	(name) Io solemnly declare that:	(city)	in (province and country)	
	I have not been convicted in Canada or elsewhere of any offence that if committed by a person registered under the <i>Health Professions Act</i> , would constitute unprofessional conduct or conduct unbecoming a person registered under these bylaws except as follows:			
2.	My past conduct does not demonstrate any pattern of incompetency or untrustworthiness which would make registration contrary to the public interest.			
3.	3. I am a person of good character.			
4.		My entitlement to practice dietetics is not or has never been limited, restricted or subject to conditions in any province, state, or country at any time except as follows (list province, state or country, restriction, date(s)):		
5.	At the present time, no investigation, review or proceeding is taking place in any jurisdiction which would result in the suspension or cancellation of my authorization to practise dietetics in that jurisdiction except as follows:			
6.	I have/or will have professional liability insurance for all practice settings, in an amount not less than 2 million dollars per occurrence, except if I register as a <b>Non-Practicing</b> dietitian.			
7.	I have read the <i>Health Professions Act</i> of British Columbia and the <u>Dietitians Regulation</u> and <u>Bylaws</u> made pursuant to the Act.			
8.	If applying for <b>Full, Emergency or Temporary</b> Registration: I will practice at all times in compliance with the <i>Health Professions Act</i> of British Columbia and the Dietitians Regulation and Bylaws made pursuant to that <i>Act</i> .			
9.	If applying for <b>Non Practicing</b> Registration: I will not provide dietetic services in British Columbia while I am registered as a non-practicing dietitian.			
	ND I make this solemn declaration, consc and effect as if made under oath.	cientiously believing it t	to be true and knowing that it is of the same forc	
Si	Signature of Applicant	Dat	te	
Γ			of the Peace or Commissioner authorized to missioned in the applicant's jurisdiction.	
			the Province/State of,	
	this Country	_ day of month	,	
	Name and Phone Number			

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CHCPBC recognizes electronic documents and signatures in accordance with the Electronic Transaction Act and the Information Protection and Electronic Documents Act (PIPEDA). CHCPBC expects authorized individuals (judge, public notary, commissioner and justice of the peace) executing affidavits to be following the process for virtual commissioning set out by the Court of Appeal, the Supreme Court of British Columbia and the Provincial Court.

The CHCPBC requires "secure electronic signatures" that satisfy the following criteria to be considered valid:

- each signatory and each witness sign the electronic document with their secure electronic signature;
- the electronic signature must be unique to the person signing;
- the signature must be created and be under the full control of the person making the signature;
- specific technology or processes must have the capability to be used to identify the person; and
- there must be an audit trail, meaning the electronic signature must be linked with an electronic document in a way that allows the examiner to determine whether the e-document has been changed since the signature was attached to it

(section 46 and 48 of PIPEDA)

CHCPBC reserves the right to not process an application if electronic signatures contained in any document do not meet the above.