Private Practice Information Form

Please complete and submit this form to College of Dietitian of Prince Edward Island (CDPEI) if you wish to be listed as a Private Practice Registered Dietitian (PPRD) offering services on Prince Edward Island.

Please note: CDPEI does not recommend or endorse any individual dietitians. PPRDs will be listed alphabetically by company name.

Legal Name:
Preferred Name:
Company Name:
Phone: Email:
Social media/Website(s):
Location of services (ie Charlottetown, Prince County, in person/virtual):
Areas of practice (max 30 words):

Liability insurance is required to practice as a Registered Dietitian. Liability insurance must meet the following requirements as per Dietitians Regulations subsection 15:

- is issued in the name of the applicant or member or clearly covers the applicant or member;

- applies to any practice setting in Prince Edward Island;

- provides coverage of not less than $2,000,000 per claim or occurrence and an aggregate limit of not less than $2,000,000, excluding legal or court costs;

- covers liability for any professional service the applicant will provide or the member provides practicing dietetics;

- And provides an extended reporting period of at least three years in the case of a claims based policy or a minimum retroactive date of five years in the case of an occurrence based policy.

Check boxes required:

- ☐ **I declare** that I hold liability insurance meeting the requirements outlined in Dietitians Regulations, subsection 15, for my role as a dietitian at the company/business listed on this form.

- ☐ **I verify** that all statements contained in this application are accurate. I understand that a false or misleading statement, an omission or misrepresentation may be cause for disqualification of my name on private practice dietitian list and may impact my registration with CDPEI.

- ☐ **I agree** to notify the CDPEI within thirty (30) days if there are any changes to the information contained within this form. Resubmission of this form is required annually at renewal.

Signature:_____ Date:_____