Accredited Practising Dietitian - Application Form

Please visit the [Dietitians](https://dietitiansaustralia.org.au/) [Australia](https://dietitiansaustralia.org.au/) website for detailed information on the requirements of joining the Accredited Practising Dietitian program.

Name:

ID No:

Please add my name to the register of Accredited Practising Dietitians

[ ]    I undertake to practice in accordance with the Dietitians Australia Code of Conduct.

[ ]    I understand that I will be required to undertake and document a program of continuing professional development (CPD).

[ ]    I understand that I will be required to undertake, declare and show evidence of (when required) a minimum level of dietetic practice.

[ ]    I understand that I must meet the APD program requirements for the upcoming year (either at years’ end or at the time of deferment request through the year, where applicable) or this year will not count as an active APD year.

[ ]   I understand that I must participate in the APD Audit process when required

[ ]   If applicable, I understand that I may be required to complete a year as a Provisional APD during which I document CPD activities and a mentoring relationship, prior to seeking Full APD status.

Address:

Signature:

Date:

Please return completed form to APD Administrator- apd@dietitiansaustralia.org.au