NOVA SCOTIA Regulator of Dietetics

202-1597 Bedford Highway
Bedford, Nova Scotia B4A 1E7
Tel: 902-223-5718
registration@nscdn.ca

AUTHORIZED PRESCRIBER APPLICATION

MENTOR AGREEMENT FORM

DIETITIAN NAME	REGISTRATION NUMBER
YOUR NAME (PRINT)	ORGANIZATION/SITE
REGULATORY BODY	REGISTRATION NUMBER
MENTOR EMAIL	MENTOR PHONE

A MENTOR WILL OFFER PROFESSIONAL KNOWLEDGE AND EXPERTISE RELEVANT TO THE ROLE OF AN AUTHORIZED PRESCRIBER. THIS CAN INCLUDE:

- DISCUSSING AND COLLABORATING ON THE DIETITIAN PRESCRIBER'S INITIAL ORDERS
- ANSWERING QUESTIONS
- PROVIDING RESOURCES
- ASSISTING IN PROBLEM SOLVING RELEVANT TO PRESCRIBNG
- LOCATING RESOURCES RELATING TO PRESCRIBING

A MINIMUM PERIOD OF 9 MONTHS OF MENTORSHIP IS REQUIRED.

MENTOR DECLARATIONS

I ACKNOWLEDGE THAT I AM AUTHORIZED TO PRESCRIBE BY THE ORGANZIATION NAMED ABOVE.	YES ☐ NO ☐
I HAVE BEEN AN AUTHORIZED PRESCRIBER FOR AT LEAST NINE MONTHS.	YES ☐ NO ☐
THERE IS AN ESTABLISHED PROCESS TO ENABLE COLLABORATION BETWEEN MYSELF AND THE DIETITIAN PRESCRIBER IDENTIFIED ABOVE.	YES ☐ NO ☐

MENTOR SIGNATURE	DATE