

**KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS**

P.O. Box 1360  
Frankfort, KY 40602  
(502) 564-3296  
http://bde.ky.gov

**APPLICATION FOR KBLDE BOARD APPROVED COURSE  
(Course Providers)**

*Information must be submitted to the Board at least 90 days prior to the presentation of the course. You will not receive a written notice that the course has been approved. Approvals will be listed on the website.*

Contact Person: \_\_\_\_\_ Telephone: (    ) \_\_\_\_\_ - \_\_\_\_\_  
Address: \_\_\_\_\_

Street

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Initial Program Date: \_\_\_\_\_

**COURSE CONTENT AND OVERVIEW**

*(Please use the following suggested guidelines in creating your course to submit for approval by the Kentucky Board of Licensed Diabetes Educators. It is recommended that the course be approximately 20 hours of approved continuing education units.)*

An in-depth review of the concepts of diabetes self-management education including but not limited to:

- ✓ *pathophysiology of pre-diabetes, type 1 diabetes, type 2 diabetes and gestational diabetes*
- ✓ *healthy eating*
- ✓ *being active*
- ✓ *monitoring*
- ✓ *taking medication*
- ✓ *reducing risks (for short and long term complications)*
- ✓ *problem solving (for hypo-and hyperglycemia, sick days and other special situations)*
- ✓ *healthy coping*
- ✓ *behavior change*
- ✓ *goal setting*
- ✓ *Standards of Diabetes Self-Management Education*

**ON A SEPARATE SHEET PLEASE FURNISH THE FOLLOWING INFORMATION:**

*(Please be advised, applications received without the requested information will be returned.)*

- ✓ *A thorough course description;*
- ✓ *A statement of the learning objectives;*
- ✓ *A statement of the target audience;*
- ✓ *The content focus of the course;*
- ✓ *A detailed agenda for the activity;*
- ✓ *Number of contact hours requested;*
- ✓ *Qualifications required for presenters;*
- ✓ *A sample of the certificate of completion awarded to successful attendees.*

\*\*\*\*\*

**BOARD RESPONSE**

- Approved as requested.
- Need additional information for review: \_\_\_\_\_
- Denied Board Approved Course. Comments: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_ Board Member Initials: \_\_\_\_\_