KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS
P.O. BOX 1360, FRANKFORT, KY 40602
http://bde.ky.gov

APPLICATION FOR LICENSURE

- An application fee of fifty $50.00 (fifty dollars) shall be included with this application.
- Please make check or money order payable to the Kentucky State Treasurer.
- Print or type - Please mail the completed application and the application fee to the address above.
- Please make sure to sign the applicant affidavit on page 3.

Licensing Options (check one):

________ Master – (CDE/BC-ADM)

- Certified Diabetes Educator (CDE) or Board Certified in Advanced Diabetes Management (BC-ADM) (Attach copy of proof of certification as a CDE or BD-ADM. Do not complete Pt. 2 & 3)

________ Licensed

- Board approved course plus experiential requirement as an apprentice diabetes educator (Attach certified copy of course completion, complete Pts. 2 &3)

PART 1:

Name:

____

Last First Middle

Address: ____

(Official address to be used by the Board for all correspondence)

City: ___________________________ State: ______________ Zip Code: ___________________________________

County: _________________________ Email Address:____

Phone Number: _______________________ Work number: ____

Social Security Number: _________________ Date of Birth: ____

Professional Discipline Information: ____

(fill in the blank)

Do you currently hold another professional license or credential? ______Yes ______ No

If yes, list the license(s) and the state in which you are licensed.

____________________________________ ___________________________________

____________________________________ ___________________________________

Have your credentials ever been disciplined? ____Yes _____No

If yes, please provide the violation and the discipline imposed____

____

____

Have you ever been convicted or pled to a felony? _____Yes ______ No

If yes, explain and provide official court documentation of the resolution ______________________________

____

____

DE-01 (09/2017)

PART 2:
Work Experience
(Make additional copies as necessary)

Applicant's name: ____

Job Title: ____

Department: ____

Institution/Practice Site: ____

Street Address: ____

City: ______________________ State: __________ Zip: ______________________

Name of Immediate Supervisor: ____

Title of Immediate Supervisor: ____

1. Employment status: _______Yes, I am currently employed/self-employed in this position.
   _______ I am NOT currently employed/self- employed in this position.

2. Employment dates
   from month ________ day ________ year________**to** month ________ day ________ year________

3. For this job, I am claiming ________ hours per week in diabetes education. **Do not report hours as a range.**

4. I am claiming a **total of** _______ **hours** in diabetes self-management education for the employment dates listed above.

5. Practice setting (**check one only**):

   ______ Hospital Inpatient Only ______ Physician's Office
   ______ Hospital Outpatient Only ______ Community/Public Health Agency
   ______ Both Hospital Inpatient/Outpatient ______ Self-Employed/Private Practice
   ______ Home Health Agency ______ Other (specify) ______________________

6. If you answered "Other" to item 5, provide a description of the setting. Use a separate sheet of paper if necessary, and attach to application.
   ____
   ____

7. Delivery method for diabetes self-management training that you provide(d) in this job (**check one only**):
   _______ Face to face only ______ Electronic only (e.g., telephone, internet) _______Face to face and electronic

Supervisor Affidavit

I am currently a licensed diabetes educator or master licensed diabetes educator, and I have served as supervisor to the applicant. I have reviewed the work experience portion of this application and attest that I meet the requirements to be a supervisor as set out in 201 KAR 45:110 and that to the best of my knowledge the applicant's work experience is accurate, complete and truthful. (Make additional copies as necessary).

______________________________ ______________________________
Signature Printed Name

Title: ______________________ Date Signed: ______________________

Department: ____

Institution: ____

Address: ____

City: ______________________ State: ______________ Zip Code: ______________

Daytime Telephone: ______________ Email Address: ______________________
(include area code)

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PART 3:
SUPERVISION LOG PAGE

A minimum of 750 hours of work experience as an apprentice diabetes educator under a supervisor within the last five years, with 250 of those hours being obtained within the last year preceding licensure application, are required.

"Supervisor" means a "licensed diabetes educator" in good standing as defined by KRS 309.325(3) or a master licensed diabetes educator in good standing as defined in KRS 309.325(6).

Clinical Supervisor's Name: ____

KBLDE License #: ____

Professional Credentials: ____

Signature: ____

Number of Hours of Supervised Work Experience since last renewal: ________ Dates Obtained: ______________

Telephone Number (Days only): ____

Additional Supervisor (if applicable):

Clinical Supervisor's Name: ____

KBLDE License #: ____

Professional Credentials: ____

Signature: ____

Number of Hours of Supervised Work Experience since last renewal: _______ Dates Obtained: ________________

Telephone Number (Days only): ____

Additional Supervisor (if applicable):

Clinical Supervisor's Name: ____

KBLDE License #: ____

Professional Credentials: ____

Signature: ____

Number of Hours of Supervised Work Experience since last renewal: _______Dates Obtained: __________________

Telephone Number (Days only): ____

Total Supervised Work Experience Hours: _________________________

(All applicants shall complete the Applicant Affidavit.)

APPLICANT AFFIDAVIT

I do hereby certify that under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any misrepresentation or falsification, my application could be rejected or my license revoked by the Board.

____

Applicant's Signature **Date**