

KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

P.O. Box 1360
Frankfort, KY 40602
(502) 782-8807
<http://bde.ky.gov>

REINSTATEMENT APPLICATION

Name: _____ **SSN:** _____
Address: _____
City: _____ **State** _____ **Zip:** _____
License # _____ **Expiration Date:** _____

Your Kentucky Board of Licensed Diabetes Educators license or Apprentice Diabetes Educator Permit expired on the date indicated above. In accordance with KRS 309.335 and 201 KAR 45:120, reinstatement may be requested with the completion and submission of this form, a reinstatement fee of \$120.00 and evidence of completion of the annual requirement of fifteen (15) continuing education hours **for each year since the last date the license or permit was active**. The fee should be paid by check or money order made payable to the **Kentucky State Treasurer**. Please list on the back of this form the continuing education hours obtained, including course name, and complete date.

PLEASE COMPLETE THE FOLLOWING (Please print or type):

1. Present Mailing Address:

Name: _____
Address: _____
E-Mail Address: _____ Date of Birth _____

2. Present Business Address:

Name: _____
Address: _____

3. Home Phone (____) _____ Business Phone (____) _____

4. License Number _____ Social Security Number _____

5. Have you been convicted of a felony or misdemeanor since the last renewal of your license?

___ Yes ___ No

If yes, what offense and give details:

6. Has your Kentucky Licensed Diabetes Educator license or any other professional credential in Kentucky or any other state been subject to disciplinary action? _____ Yes _____ No. If yes, give details: _____

