

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

APPLICATION FOR APPRENTICE DIABETES EDUCATOR PERMIT

- A non-refundable application fee of \$50.00 (fifty dollars) must be included with this application.
- Please make check or money order payable to the Kentucky State Treasurer.
- Please include the Supervised Work Experience Report (Form DE-05) as provided in 201 KAR 45:110.
- Supervisor shall be a Master Licensed Diabetes Educator or Licensed Diabetes Educator
- Please mail the completed application and the application fee to the address above.
- Print or type

Name:

Last	First	Middle
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Address: _____
(Official address to be used by the Board for all correspondence)

City: _____ State: _____ Zip Code: _____

County: _____

Phone Number: _____ Work number: _____

Social Security Number: _____ Date of Birth: _____

Email Address: _____

Professional Discipline Information: _____
(fill in the blank)

Do you currently hold another professional license or credential? _____ Yes _____ No
If yes, list the license(s), number(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 _____

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