



KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

PUBLIC PROTECTION CABINET — DEPARTMENT OF PROFESSIONAL LICENSING

P.O. Box 1360, Frankfort, Kentucky 40602

500 Mero Street 2SC32 Frankfort, Kentucky 40601 (Overnight Delivery Only)

Phone: (502) 892.4253 | Fax: (502) 564.4818 | Website: bde.ky.gov | Email: lde@ky.gov

APPRENTICE RENEWAL APPLICATION

Pursuant to KRS 309.335 each diabetes educator apprentice must renew his or her permit by November 1st of each year. **Permits not renewed by the end of the grace period will terminate, and you will be ordered to CEASE AND DESIST the practice of diabetes education in Kentucky.**

FOLLOW THESE INSTRUCTIONS AND FILL IN ALL BLANKS:

- Complete and return this form with your check or money order to the address listed above **on or before November 1st**. **Incomplete applications will not be processed and the renewal will be subject to the late fee.**
- Attach the appropriate renewal fee. **Forms received without the appropriate fee will not be processed. Make check or money order payable to the Kentucky State Treasurer.**
 - **Renewals mailed on or before November (shall be postmarked on or before November 1): \$50.00**
 - **Renewals mailed November 2 – December 31 (shall be postmarked on or before December 31): \$70.00**
- Complete the backside of this renewal application for continuing education credit. **Each diabetes educator apprentice must complete fifteen (15) hours of continuing education prior to November 1st.** The board may require proof of submitted continuing education hours. **DO NOT** attach documentation of continuing education unless you are requested to do so. **DO NOT** submit hours that have not yet been earned.

TO BE COMPLETED BY ALL LICENSEES, Incomplete forms will be returned: (Please Print)

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:
Business Address: Street	City:	State:	Zip Code:
Telephone Number:	Email Address:	D.O.B.	SSN (Last 4):
Present Place of Employment Telephone Number:		Present Place of Employment E-mail Address:	

Have you been charged with, convicted of or pled guilty to a felony since your last renewal of Kentucky license? If "yes", attach documentation.	☐ Yes	☐ No
Have you had disciplinary action taken against this license or any other professional license you currently hold since your last renewal? If "yes", attach documentation including a certified copy of the final disciplinary action taken against you.	☐ Yes	☐ No

SUPERVISION LOG PAGE

Please list all supervised work experience under a supervisor obtained since your last renewal or application. *"Supervisor" means a licensed diabetes educator in good standing as defined in KRS 309.325(3) or a master licensed diabetes educator in good standing as defined in KRS 309.325(6).*

Clinical Supervisor's Name:	
Professional Credentials:	KBLDE License #:
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:	



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Professional Credentials:	KBLDE License #:
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:	
Professional Credentials:	KBLDE License #:
Signature:	
Number of Hours of Supervised Work Experience Since last renewal: _____ Dates Obtained: _____	
Telephone Number (Days Only):	

CONTINUING EDUCATION

Each licensee shall obtain a minimum of fifteen (15) continuing education hours during the licensure year. All hours shall be in or related to the field of diabetes education. Each licensee shall maintain a record of all continuing education hours attended for two (2) years after attending a course.

List Below the units of continuing education obtained, **INCLUDING DATE AND HOURS COMPLETED**. Incomplete forms will be returned. **DO NOT ATTACH DOCUMENTATION UNLESS YOU ARE AUDITED.** It is your responsibility to maintain all documentation.

Course Name	Approved Provider	Date(s) M/D/Y Completed	Hours Earned



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List of hours carried over from last year's renewal (No more than fifteen (15) may be carried over)

Course Name	Approved Provider	Date(s) M/D/Y Completed	Hours Earned

APPLICANT CERTIFICATION

I, the applicant in the above, do hereby certify 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 investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license revoked by the Kentucky Board of Licensure for Diabetes Educators.

(Signature is required. Forms not signed will NOT BE PROCESSED and will be subject to late penalties if not returned by the deadlines stated.)

Signed:	Date:
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