KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING
P.O. Box 1360, Frankfort, Kentucky 40602
500 Mero Street Frankfort, Kentucky 40601 (Overnight Delivery Only)
Phone: (502) 892.4253| Fax: (502) 564.4818 | Website: bde.ky.gov | Email: lde@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:	City:	State:	Zip:
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.*

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BOARD RESPONSE

☐ Approved as requested.

☐ Need additional information for review: _____
_____

☐ Denied Board Approved Course. Comments: _____
_____

Date Reviewed: _____ Board Member Initials: _____