



KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

PUBLIC PROTECTION CABINET – DEPARTMENT OF PROFESSIONAL LICENSING

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SUPERVISED WORK EXPERIENCE REPORT

Name of **Supervisee**:

Business Address:

Phone:

Fax:

Name of **Supervisor**:

Business Address:

Phone:

Fax:

Supervisee's Place of Employment _____ which is a:

- ☐ 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)

If you answered "Other", provide a description of the setting

Attach a document that includes the following four (4) components listed here. This document shall be developed by the supervisee with the assistance of the supervisor.

- 1. Assessment:** Identify strengths and developmental needs of the supervisee utilizing the Diabetes Educator Apprentice Assessment (Pre-Learning), Form DPL-BDE-01, for individuals deemed as an entry-level Diabetes Educator.
- 2. Plan:** List training experiences that will build skills and competencies of the supervisee to prepare him/her for practice as a licensed diabetes educator. Set Goals. Be specific, based on identified needs.
- 3. Implementation:** List training experiences to be carried out to meet the identified supervisory plan.
- 4. Evaluation:** Track progress through the supervised experience and assess the supervisee using the Diabetes Educator Apprentice Assessment (Post-Learning), Form DPL-BDE-01.

Supervisee

Date

Supervisor

Date

FOR BOARD USE ONLY

Date Report Reviewed _____ Reviewed by _____ ☐ Accepted ☐ Rejected

Comments and/or Follow Up:

DPL-BDE-03

Rev. July 2025

KRS 309.331(1), 309.334(2)(a)

201 KAR 45:110