



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: Ide@ky.gov

APPLICATION FOR APPRENTICE DIABETES EDUCATOR PERMIT

Please print or type this application and mail the completed application and the to the address above. The application must include:

- A non-refundable application fee of \$50.00 (fifty dollars) made payable by check or money order and made payable to the "Kentucky State Treasurer".
- A completed **Diabetes Educator Apprentice Assessment (Pre-Learning)**, Form DPL-BDE-02.
- A **Supervised Work Experience Report**, Form DPL-BDE-03, with the name of the supervisor, the employer, and the type of setting where experience will be gained. The supervisor must be a Master Licensed Diabetes Educator or Licensed Diabetes Educator.

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:	

Professional Discipline Information (fill in the blank):

Do you currently hold another 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