



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

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?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, list the license(s), number(s), and the state in which you are licensed.			
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Have your credentials ever been disciplined?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, please provide the violation and the discipline imposed.			
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Have you ever been convicted or pled to a felony?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			
If yes, explain and provide official court documentation of the resolution			
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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