



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: bde@ky.gov

APPLICATION FOR LICENSE RENEWAL

Pursuant to KRS 309.335 each licensed diabetes educator must renew his or her license by November 1st of each year. **Licenses 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 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 not be processed. (Please Print)

Name:		License #:		SSN:	
Home Address:		City:	State:	County:	Zip:
Present Business Address:		City:	State:	County:	Zip:
Home Phone:	Business Phone:		Email:		
Have you been charged with, convicted of, or pled guilty to a felony since your last renewal of Kentucky License? (If yes, please attach documentation.)			<input type="checkbox"/> Yes	<input type="checkbox"/> 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)			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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 ATTATCH 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

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:

For BOARD USE ONLY

<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Resubmitted for review	Date:
By: _____	
Comments: _____	