



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

REINSTATEMENT APPLICATION

In accordance with KRS 309.335 and 201 KAR 45:120, an expired license may be reinstated with this completed application, a reinstatement fee of \$120.00, and evidence of completion of the annual requirement of fifteen (15) continuing education hours **for each year since the last date the license or permit was active**. The fee shall be paid by check or money order made payable to the **Kentucky State Treasurer**. Continuing education hours obtained, including course name, and completion date must be included.

Expired License #:		Expiration Date:
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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):

Business Phone:

License #:	Expiration Date:
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Have you been convicted of a felony or misdemeanor since the last renewal of your license?

YES NO

If yes, what offense and give details:

Has your Kentucky Licensed Diabetes Educator license or any professional credential in Kentucky or any other state been subject to disciplinary action?

YES NO

If yes, give details:

List below the units of continuing education obtained, **INCLUDING DATE AND HOURS COMPLETED**. Incomplete forms will be returned. **DO NOT ATTACH 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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CERTIFICATION

I, the licensee or permit holder named in the above, do 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 license could be subject to disciplinary action by the Kentucky Board of Licensed Diabetes Educators.

Applicant's Signature

Date

(Sign your name - Do not print or type)

Do Not Write Below This Line--For Board and Office Use Only

REINSTATEMENT REVIEW - FOR BOARD MEMBER USE ONLY

Application:

Date

Approved Provisionally Approved Deferred Denied

Committee Signatures

Comments: _____

Resubmitted:

Date:

Approved Provisionally Approved Deferred Denied

Approved Provisionally Approved
Committee Signatures

Committed Signatures _____