

1 BOARDS AND COMMISSIONS

2 BOARD OF LICENSED DIABETES EDUCATORS

3 (Amendment)

4 201 KAR 45:150. Complaint procedures.

5 RELATES TO: KRS 309.335

6 STATUTORY AUTHORITY: KRS 309.331, 309.335

7 NECESSITY, FUNCTION, AND CONFORMITY: KRS 309.331 requires the board to promul-
8 gate administrative regulations for the administration and enforcement of KRS 309.330 to
9 309.339. This administrative regulation provides for the complaint procedures to be used by the
10 board in the enforcement of those statutes and administrative regulations promulgated thereun-
11 der.

12 Section 1. Definitions.

13 (1) "Board" is defined by KRS 309.325(1).

14 (2) "Charge" means a specific allegation contained in any document issued by the board alleg-
15 ing a violation of a specified provision of KRS 309.325 through 309.339.

16 (3) "Complaint" means a written complaint alleging a violation of KRS 309.325 through
17 309.339.

18 (4) "Complainant" means a person who files a complaint pursuant to this administrative regu-
19 lation.

20 (5) "Formal complaint" means a formal administrative pleading authorized by the board that
21 establishes a charge against a licensee or applicant and commences a formal disciplinary proceed

1 ing pursuant to KRS Chapter 13B.

2 Section 2. Complaints. A complaint:

3 (1) Shall be submitted by completing a "Complaint Form", Form DPL-BDE-07, July

4 2025~~[DE-06]~~ and signed by the person offering the complaint; or

5 (2) May be filed by the board based upon information in its possession.

6 Section 3. Receipt of Complaints.

7 (1) A copy of the complaint shall be mailed to the individual named in the complaint along

8 with a request for that individual's response to the complaint.

9 (2) The individual shall be allowed a period of twenty (20) days from the date of receipt to

10 submit a written response to the board.

11 (3) Upon receipt of the written response of the individual named in the complaint, a copy of

12 the response shall be sent to the complainant.

13 (4) The complainant shall have seven (7) days from receipt to submit a written reply to the re-

14 sponse to the board.

15 Section 4. Initial Review.

16 (1)

17 (a) After the receipt of the complaint and the expiration of the period for the individual re-

18 sponse, the board shall consider the individual's response, complainant's reply to the response,

19 and any relevant material available.

20 (b) The names of the individuals and other identifying information shall be redacted to pro-

21 vide anonymity.

22 (c) The board shall determine whether there is enough evidence to warrant a formal investiga-

23 tion of the complaint.

1 (2) If the board determines before formal investigation that a complaint is without merit, it
2 shall:

3 (a) Dismiss the complaint; and
4 (b) Notify the complainant and respondent of the board's decision.

5 (3) If the board determines that a complaint warrants a formal investigation, it shall conduct a
6 formal investigation into the matter.

7 Section 5. Results of Formal Investigation; Board Decision on Hearing.

8 (1) Upon completion of the formal investigation, the board shall determine whether there has
9 been a prima facie violation of KRS 309.325 to 309.339 or the administrative regulations prom-
10 ulgated thereunder. If so, a formal complaint shall be filed.

11 (2) If the board determines that a complaint does not warrant the issuance of a formal com-
12 plaint, it shall:

13 (a) Dismiss the complaint; and
14 (b) Notify the complainant and respondent of the board's decision.

15 (3) If the board determines that a violation has occurred but is not serious, the board shall is-
16 sue a written admonishment to the license holder.

17 (a) A copy of the written admonishment shall be placed in the permanent file of the license
18 holder.

19 (b) The license holder shall have the right to file a response in writing to the admonishment
20 within thirty (30) days of its receipt and may have it placed in the license holder's permanent file.

21 (c) Alternatively, the license holder may file a request for a hearing with the board within
22 thirty (30) days of the admonishment.

23 (d) Upon receipt of the request, the board shall set aside the written admonishment and set

1 the matter for hearing pursuant to the provisions of KRS Chapter 13B.

2 (4)

3 (a) If the board determines that a complaint warrants the issuance of a formal complaint
4 against the license holder, the board or its counsel shall prepare a formal complaint that states
5 clearly the charge or charges to be considered at the hearing.

6 (b)

7 1. The formal complaint shall be reviewed by the board and, if approved, signed by the chair
8 and served upon the individual as required by KRS Chapter 13B.

9 2. The formal complaint shall be processed in accordance with KRS Chapter 13B.

10 Section 6. Settlement by Informal Proceedings.

11 (1) The board, through counsel, may enter into informal proceedings with the individual who
12 is the subject of the complaint for the purpose of appropriately dispensing with the matter.

13 (2) An agreed order or settlement reached through this process shall be approved by the board
14 and signed by the chair and the individual who is the subject of the complaint.

15 (3) The board may employ mediation as a method of resolving the matter informally.

16 Section 7. Incorporation by Reference.

17 (1) The Information & Complaint Form With Authorization for the Use and Disclosure of
18 Health Information, DPL-BDE-08, July 2025, ["Complaint Form", Form DE-06, 06/2013,] is in-
19 corporated by reference.

20 (2) This material may be inspected, copied, or obtained, subject to applicable copyright law,
21 at the Kentucky Board of Licensed Diabetes Educators, Department of Professional Licensing,
22 500 Mero Street, [2SC32,] Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to
23 4:30[5] p.m.

201 KAR 45:150

APPROVED BY AGENCY:

E. Blair Lykins
E. Blair Lykins
Chair, Board of Licensed Diabetes Educators

Date: 11/04/2025

PUBLIC HEARING AND PUBLIC COMMENT PERIOD

A public hearing on this administrative regulation shall be held on January 27, 2026, at 2:00 P.M. Eastern Time, in PPC Conference Room 127CW, at the Mayo-Underwood Building, 500 Mero Street, Frankfort, Kentucky. Individuals interested in being heard at this hearing shall notify this agency in writing by five workdays prior to the hearing, of their intent to attend. If no notification of intent to attend the hearing was received by that date, the hearing may be cancelled. A transcript of the public hearing will not be made unless a written request for a transcript is made. If you do not wish to be heard at the public hearing, you may submit written comments on the proposed administrative regulation. Written comments shall be accepted through January 31, 2026. Send written notification of intent to be heard at the public hearing or written comments on the proposed administrative regulation to the contact person.

CONTACT PERSON:

Name: Sara Boswell Janes

Title: Staff Attorney III

Agency: Department of Professional Licensing, Office of Legal Services

Address: 500 Mero Street, 2 NC WK#2

Phone Number: (502) 782-2709 (office)

Fax: (502) 564-4818

Email: Sara.Janes@ky.gov

Link to PPC public comment portal: https://ppc.ky.gov/reg_comment.aspx

REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 45:150

Contact Person: Sara Janes

Phone: 502-782-2709

Email: sara.janes@ky.gov

Subject Headings: Diabetes Educators, Licensing, Board and Commissions,

(1) Provide a brief summary of:

(a) What this administrative regulation does: The regulation establishes disciplinary complaint procedures for the Board.

(b) The necessity of this administrative regulation: This regulation is necessary because it provides the procedures for the Board to follow in receiving and resolving complaints.

(c) How this administrative regulation conforms to the content of the authorizing statutes: The Board is given the authority to establish regulations in KRS 309.331(1).

(d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation provides complaint procedures for the Board to follow.

(2) If this is an amendment to an existing administrative regulation, provide a brief summary of:

(a) How the amendment will change this existing administrative regulation: The amendment will update and rename the form for making a complaint, which will now be the Information & Complaint Form With Authorization for the Use and Disclosure of Health Information, DPL-BDE-08, to include information about the complaint process, as well as include a HIPAA release.

(b) The necessity of the amendment to this administrative regulation: The amendment is necessary to update the material incorporated by reference for formatting consistent and to provide the public with information regarding the complaint process, and to obtain the HIPAA release for medical records for efficiency and expediency during the complaint process.

(c) How the amendment conforms to the content of the authorizing statutes: KRS 309.331 authorizes the board to promulgate administrative regulations to carry out and enforce KRS 309.325 to 309.339 and to issue renewals; and KRS 309.335 authorizes the board to investigate complaints for enforcement of KRS Chapter 309.

(d) How the amendment will assist in the effective administration of the statutes: The amendment will assist in the effective administration of the statutes by updating the forms to include the statutory and regulatory authority for the provisions of the form, to provide information to the public about the complaint process, and to obtain a HIPAA release of relevant medical records at the inception of the process.

(3) Does this administrative regulation or amendment implement legislation from the previous five years? No

(4) List the type and number of individuals, businesses, organizations, or state and local governments affected by this administrative regulation: There are currently 244 credential holders and two (2) inactive credential holders.

(5) Provide an analysis of how the entities identified in question (4) will be impacted by either the implementation of this administrative regulation, if new, or by the change, if it is an amendment, including:

(a) List the actions that each of the regulated entities identified in question (4) will have to take to comply with this administrative regulation or amendment: They will have to comply with any requests for investigation or hearings made by the Board pursuant to a complaint.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (4): It may cost them the expenses associated with a complaint or hearing and any fines resulting from the complaint or hearing.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (4): They will have the benefit of an opportunity to file formal complaints and have an opportunity to be heard regarding any complaints that may be filed against them

(6) Provide an estimate of how much it will cost the administrative body to implement this administrative regulation:

(a) Initially: No cost is anticipated.

(b) On a continuing basis: No cost is anticipated.

(7) What is the source of the funding to be used for the implementation and enforcement of this administrative regulation or this amendment: The board's operation is funded by the fees paid by licensees and applicants

(8) Provide an assessment of whether an increase in fees or funding will be necessary to implement this administrative regulation, if new, or by the change if it is an amendment: There is no increase in fees or funding anticipated by this amendment.

(9) State whether or not this administrative regulation establishes any fees or directly or indirectly increases any fees: This administrative regulation does not establish any fees directly or indirectly.

(10) TIERING: Is tiering applied? Tiering was not applied because these requirements apply equally to all licensees.

FISCAL IMPACT STATEMENT

201 KAR 45:150

Contact Person: Sara Janes

Phone: 502-782-2709

Email: sara.janes@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 309.331.

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: Yes. KRS 309.331(3). Created 2011 Ky. Acts ch. 87, sec. 4, effective June 8, 2011.

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: The Kentucky Board of Licensed Diabetes Educators is housed for administrative purposes within the Office of Occupations and Professions in the Public Protection Cabinet

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:

For the first year: None.

For subsequent years: None.

2. Revenues:

For the first year: None.

For subsequent years: None.

3. Cost Savings:

For the first year: None.

For subsequent years: None.

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None.

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:

For the first year: N/A

For subsequent years: N/A

2. Revenues:

For the first year: N/A

For subsequent years: N/A

3. Cost Savings:

For the first year: N/A

For subsequent years: N/A

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): None.

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:

For the first year: N/A

For subsequent years: N/A

2. Revenues:

For the first year: N/A

For subsequent years: N/A

3. Cost Savings:

For the first year: N/A

For subsequent years: N/A

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: This administrative regulation will not have a fiscal impact as there are no revenues or expenditures generated since fees are attached in another administrative regulation.

(b) Methodology and resources used to reach this conclusion: The board requested its fiscal administrator provide a budget analysis to determine if this administrative regulation will generate revenue for the Board and it determined it will not.

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a “major economic impact”, as defined by KRS 13A.010(13): This administrative regulation will not have an overall negative or adverse major economic impact.

(b) The methodology and resources used to reach this conclusion: Methodology and resources was a review of the existing budget by the board’s fiscal administrator as well as consideration of the amendment and whether staff time and costs will be increased.

SUMMARY OF MATERIALS INCORPORATED BY REFERENCE
201 KAR 45:150

The "Complaint Form", Form DE-06, 06/2013, is the form designed for use for making a complaint about a licensee or permit holder and is incorporated by reference.

SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE
201 KAR 45:150

The "Information & Complaint Form With Authorization for the Use and Disclosure of Health Information", Form DPL-BDE-08, July 2025, consisting of four (4) pages, has been updated for formatting and to include an information sheet for complainants as well as a HIPAA Release form, if necessary, and is incorporated by reference in the amendment.



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: lde@ky.gov

INFORMATION & COMPLAINT FORM WITH AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION

What are your rights?

You have a right to expect a professional standard of conduct from a licensed diabetes educator or a diabetes educator apprentice. If you believe a licensed diabetes educator or a diabetes educator apprentice has violated Kentucky statutes or regulations, you may send a written complaint to the Kentucky Board of Licensed Diabetes Educators. As the body responsible for regulating the profession and protecting the public in matters related to diabetes education, the Board will review your complaint and take appropriate action.

How does the complaint process work?

Complaints that have been received in writing at the Board office will be acknowledged immediately by letter. A copy of the complaint will be forwarded to the individual named in the complaint who will be given twenty (20) days to respond. The complaint and response will then be reviewed by the Board at the next meeting. If no law appears to have been broken, you will receive notification from the Board. If the Board believes a law may have been broken, an investigation will take place. If the Board files formal charges against a licensed diabetes educator or a diabetes educator apprentice because of the investigation, an administrative hearing may be held. This formal hearing involves lawyers, a court reporter, a hearing officer and witnesses. If the Board finds that the licensed diabetes educator or a diabetes educator apprentice has not met the prescribed standard of conduct, it has the authority to impose penalties ranging from suspension or loss of a license to a reprimand. A penalty may be reached by agreement between the Board and the licensed diabetes educator or a diabetes educator apprentice.

What might I expect from filing a complaint?

The complaint process is a detailed and careful one, and you should expect some delay. In every case the licensed diabetes educator or a diabetes educator apprentice will be informed that a complaint has been filed, the name of the complainant, and the disposition of the complaint. Not every complaint results in disciplinary action by the Board if there is not sufficient evidence the individual has violated the laws governing this profession. If charges are filed, a hearing may be held similar to a court trial, and it is open to the public. You may be subpoenaed as a witness to provide testimony regarding the case. In this event Board counsel will assist you in preparing for the hearing. If the Board orders a specific sanction, the individual has the right to appeal, and a final decision may be delayed in the courts. While you may have an opinion regarding the process and outcome of processing your complaint, please remember that the decisions to dismiss or settle a case or propose disciplinary measures are solely the decision of the Board and may be subject to review by the courts.

If the Board files formal charges or takes formal action against a licensed diabetes educator or a diabetes educator apprentice, most portions of the investigative file will become "public record" which can be viewed by any individual who requests, in writing, to do so. The record may include your written complaint, transcripts, or reports of interviews, letters, and other reports. All testimony and evidence admitted in a formal hearing have the status of public record as well. Patient records obtained in the process of investigation usually can be protected from disclosure as public records.

Throughout the various stages of the complaint process, you will be kept informed. You will also be advised of the final outcome.

How do I make a complaint?

You must complete the complaint form that accompanies this information sheet. Make sure you give all pertinent information. Please sign the complaint form so that the Board may look further into your concerns. If your complaint refers to treatment of a specific patient, the patient must sign the "Authorization for the Use and Disclosure of Health Information" form as well. Complaints and Authorization forms should be mailed to the address listed at the top of this form.

DPL-BDE-08
Rev. July 2025

KRS 309.331(1), 309.339
201 KAR 45.150



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: Ide@ky.gov

COMPLAINT NO: _____

DATE FILED: _____

COMPLAINT FORM COMPLAINANT INFORMATION

Name:

Address:

Telephone:

Email Address:

INFORMATION FOR [] LICENSED DIABETES EDUCATOR [] DIABETES EDUCATOR APPRENTICE

Name:

Business Name:

Address:

Telephone:

Email Address:

PATIENT INFORMATION

Name:

Address:

Telephone:

Email Address:

Relationship to person filing complaint:

INDIVIDUALS WHO MAY HAVE ADDITIONAL INFORMATION

Name:	Telephone:	Type of Information:
Name:	Telephone:	Type of Information:
Name:	Telephone:	Type of Information:
Name:	Telephone:	Type of Information:

Send to: **KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS**
PO BOX 1360
FRANKFORT KY 40602-1360

FILED: 11/10/2025



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: ide@ky.gov

BRIEF SUMMARY OF COMPLAINT. (Please be as specific as possible regarding names, dates, locations, and actions which you believe to be improper, unethical or unprofessional.) Please attach copies of any documents or records pertinent to your complaint.

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Name:

Date:

DPL-BDE-08
Rev. July 2025
KRS 309.331(1), 309.339
201 KAR 45.150



KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS

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AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH INFORMATION

Patient's Full Legal Name: _____

Address: _____

Date of Birth: _____ Social Security #: _____

Medical Record #: _____ Telephone: _____

I, the undersigned, hereby authorize _____ to use or disclose my health information, as described below, to the Kentucky Board of Licensed Diabetes Educators (the "Board"), or any authorized agent or investigator of the Board. I authorize the Board to obtain my health information, as described below, from _____ (name or names of health care provider):

The information to be used or disclosed includes the following specified information: All Medical Records maintained by the health care provider(s) named above during approximate time period from _____ to _____ including information related to my identity, diagnosis, prognosis and/or treatment, any and all medical and vision records, billing information, and medical and vision reports from the above-named Licensed Diabetes Educator or Diabetes Educator Apprentice and other health care providers.

I understand that the above records may be used by the Board in the investigation and possible disciplinary proceedings under KRS Chapter 309 against the licensed diabetes educator or diabetes educator apprentice. A photocopy of this authorization shall be deemed effective as an original. This release is being executed in the context of health oversight activities and administrative proceedings by the Kentucky Board of Licensed Diabetes Educators. As such, this disclosure is permitted under 45 C.F.R. Section 164.512(a), (d), and (e), the regulations implementing the Health Insurance Portability and Accountability Act ("HIPPA"). The Board will make reasonable efforts to protect the confidentiality of these records under KRS Chapter 61 and Chapter KRS 13B, or other applicable law.

Federal and state laws protect the information disclosed pursuant to this Authorization. I understand that if the authorized recipient of the information is not a health care provider or health plan covered by federal privacy regulations, the information may be re-disclosed and no longer protected. However, the recipient may be prohibited from disclosing any substance abuse information under the federal confidentiality requirements for alcohol and drug abuse patient records and the Public Health Service Act. Such information may not be used to criminally investigate or prosecute any alcohol or drug patient. Further, state law prohibits a recipient from making any further disclosure of test results relating to HIV or AIDS without the specific written consent of the person to whom such information pertains. A general authorization for the release of medical or other information is NOT sufficient for such purpose.

This authorization will expire upon the occurrence of the following event or condition: _____. If no event or condition is listed, it will expire in one (1) year. I understand that I have the right to revoke this Authorization at any time, and to do so, I must present a written revocation to the health care provider. I understand that the revocation will not apply to information that already has been released in response to or in reliance upon this Authorization. I understand that I should keep a copy of this Authorization form, after signing it.

Signature of Patient/Authorized Representative (include relationship):	Date:
Signature of Witness:	Date:

DATE RECEIVED: _____

COMPLAINT NUMBER: _____

KENTUCKY STATE BOARD OF LICENSED DIABETES EDUCATORS
Complaint Form

Person Filing Complaint

Name: _____

Address: _____ City: _____ State: _____ Zip Code _____

Day Telephone: (____) _____ Evening Telephone: (____) _____

Name of Licensed Diabetes Educator

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Day Telephone: (____) _____

Name and phone number of persons who may provide additional information

1. Name _____ Telephone: _____ Type of Information _____
2. Name _____ Telephone: _____ Type of Information _____
3. Name _____ Telephone: (____) _____ Type of Information _____
4. Name _____ Telephone: (____) _____ Type of Information _____

Brief Summary of Complaint

(Please be as specific as possible regarding names, dates, locations, and actions which you believe to be improper, unethical or unprofessional.)

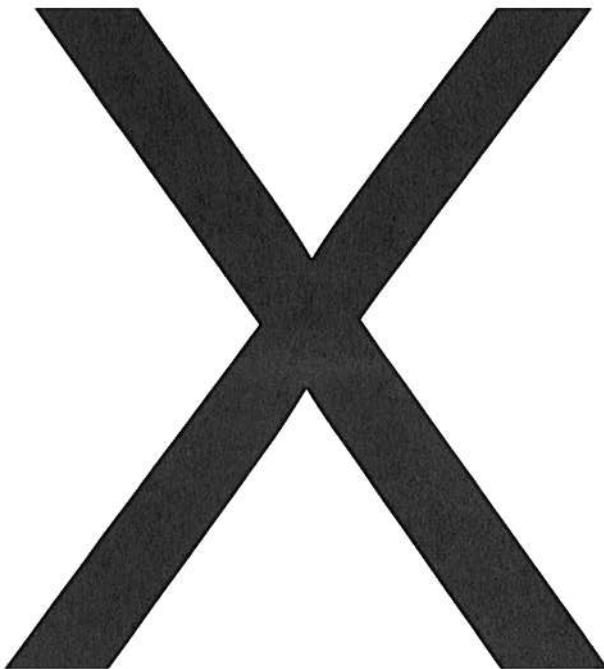
A large, bold, black letter 'X' is centered on a sheet of white paper with horizontal ruling lines. The 'X' is formed by two thick, dark lines that intersect in the middle. The background consists of a grid of thin, light gray horizontal lines spaced evenly down the page. The 'X' is positioned such that its center is aligned with the vertical axis of the page.

By signing this complaint form, I hereby certify that the information is complete and true to the best of my knowledge.

Signature: _____ Date: _____

If your complaint concerns your treatment by this diabetes educator, please sign and enclose the "Client Agreement to Release Information" form.

Send to: STATE BOARD OF LICENSED DIABETES EDUCATORS
PO BOX 1360
FRANKFORT KY 40602-1360
Phone: (502) 564-3296
Fax: (502) 564-4818



Authorization for Release of Medical Records to the Kentucky Board of Licensed Diabetes Educators

I, _____, the undersigned, do hereby authorize the full print name here

release of any and all medical records, correspondence, billing information, from _____, Licensed Diabetes Educator, regarding the medical, diagnosis, assessment, evaluation, and/or treatment of me to the Kentucky Board of Licensed Diabetes Educator or any authorized agent or investigator of the Board.

I understand that the above records may be used by the Board in the investigation and possible disciplinary prosecution under KRS Chapter 309 against the diabetes educator. I further understand that the Board will make reasonable efforts to protect the confidentiality of my records under KRS Chapter 13A and Chapter KRS 13B, or other applicable law. This involves health oversight activities and administrative proceedings of the Board. As such, this disclosure is permitted under 45 C.F.R. Section 160.1512(a), (d), and (e) and regulations implementing the Health Insurance Portability Accountability Act (HIPAA).

A photocopy of this authorization shall be deemed effective as an original.

This authorization shall be effective _____ from the date of signing.

Date

Signature of person, or parent/legal guardian if person is under 18 years of age

Kentucky Board of Licensed Diabetes Educators
PO Box 1360
Frankfort KY 40602
Telephone: (502) 564-3296
Fax: (502) 564-4818

