

1    BOARDS AND COMMISSIONS

2    BOARD OF LICENSED DIABETES EDUCATORS

3    (Amendment)

4    201 KAR 45:170. Application procedures.

5    RELATES TO: KRS 309.331, 309.334, 309.335, 309.336, 335B.030

6    STATUTORY AUTHORITY: KRS 309.331(1), 309.334(2)(c), 309.335(1)(b)1., 309.336(2)(b)

7    NECESSITY, FUNCTION, AND CONFORMITY: KRS 309.331(1) requires the board to promulgate administrative regulations for the administration and enforcement of KRS 309.325 to 309.339. KRS 309.335(1)(b)1. requires an applicant for licensure as a licensed diabetes educator to file an application as provided by the board, to show successful completion of a course or program as determined by the board, and to demonstrate experience in the care of people with diabetes under supervision that meets requirements specified in administrative regulations promulgated by the board. KRS 309.334(2)(c) requires the board to establish additional requirements to apply for an apprentice diabetes educator permit, and KRS 309.336(2)(b) requires the board to establish additional requirements to apply for licensure as a master licensed diabetes educator.

16    This administrative regulation establishes application procedures for licensed diabetes educators, master licensed diabetes educators, and apprentice diabetes educators.

18    Section 1. Licensed Diabetes Educator Application Procedures.

19    (1) An applicant for licensure as a licensed diabetes educator [pursuant to KRS 309.335(1)(b)1.] shall submit the following to the board:

(a) A completed Application for Licensure, Form BPL-LDE-01, July 2025;[DE 01, incorporated by reference in 201 KAR 45:110,]

(b) A completed Diabetes Education Apprentice Assessment (Post-Learning), Form DPL-BDE-02, incorporated by reference in 201 KAR 45:110;

(c) The Supervised Work Experience Report, Form DPL-BDE-03, incorporated by reference in 201 KAR 45:110, [including documentation] verifying completion of 750 hours of work experience as an apprentice diabetes educator under a supervisor as provided in 201 KAR 45:110; [and]

[**(b) Payment of the licensure fee as established in 201 KAR 45:100.**]

2) An applicant for licensure as a licensed diabetes educator pursuant to KRS .335(1)(b)2. shall submit to the board:]

(d) [(a)]

1. Evidence showing successful completion of the credentialing program of the American Association of Diabetes Educators or the National Certification Board for Diabetes Educators; or [and

Payment of the licensure fee as established in 201 KAR 45:100.

~~An applicant for licensure as a licensed diabetes educator pursuant to KRS 309.335(1)(b)3.~~

2. [(a)] Evidence showing the successful completion of the Association of Diabetes Care and Education Specialists (“ADCES”) Core Concepts Course, either online or in-person, or an equivalent credentialing program as approved by the board pursuant to 201 KAR 45:180; and

(d) [(b)] Payment of the licensure fee as established in 201 KAR 45:100.

1     Section 2. Master Licensed Diabetes Educator Application Procedures. An applicant for licensure as a master licensed diabetes educator shall submit to the board:

3         (1) A completed Application for Licensure, Form DPL-BDE-01, incorporated by reference in  
4         201 KAR 45:110 [DE-01];

5         (2) Proof of completion of the credentialing program of the American Association of Diabetes  
6         Educators or the National Certification Board for Diabetes Educators in Board Certified Ad-  
7         vanced Diabetes Management or as a Certified Diabetes Educator; and

8         (3) Payment of the licensure fee as established in 201 KAR 45:100.

9     Section 3. Apprentice Diabetes Educator Application Procedures. An applicant for an apprentice  
10         diabetes educator permit shall submit to the board:

11         (1) A completed Application for Apprentice Diabetes Educator Permit, Form DPL-BDE-  
12         04[DE-03];

13         (2) Payment of the licensure fee as established in 201 KAR 45:100; and

14         (3) A completed Diabetes Education Apprentice Assessment (Pre-Learning), Form DPL-  
15         BDE-02, incorporated by reference in 201 KAR 45:110;

16         (4) Proof of an active license or certification in good standing as at least one (1) of the follow-  
17         ing:

18             (a) American College of Sports Medicine Certified Clinical Exercise Specialist or Regis-  
19             tered Clinical Exercise Physiologist;

20             (b)

21                 1. Certified social worker or licensed clinical social worker pursuant to KRS Chapter  
22                 335; and

23                 2. The applicant shall also have at least two (2) years of experience in a health profes-

1 sion;

2 (c) Dietitian pursuant to KRS Chapter 310;

3 (d) Health educator holding active certification as a master certified health education spe-

4 cialist with the National Commission on Health Education Credentialing;

5 (e) Nutritionist pursuant to KRS Chapter 310;

6 (f) Occupational therapist pursuant to KRS Chapter 319A;

7 (g) Optometrist pursuant to KRS Chapter 320;

8 (h) Osteopath pursuant to KRS Chapter 311;

9 (i) Pharmacist pursuant to KRS Chapter 315;

10 (j) Physical therapist pursuant to KRS Chapter 327;

11 (k) Physician pursuant to KRS Chapter 311;

12 (l) Physician assistant pursuant to KRS Chapter 311;

13 (m) Podiatrist pursuant to KRS Chapter 311;

14 (n) Psychologist pursuant to KRS Chapter 319;

15 (o) Registered nurse pursuant to KRS Chapter 314; or

16 (p) A license or certification from a state or the District of Columbia equivalent to one (1)

17 of the licenses or certifications listed in this subsection.

18 (5)[(4)] The board shall not consider an applicant for an apprentice diabetes educator permit

19 who does not hold an active license or certification as listed in subsection (3) of this section.

20 (6)[(5)] An applicant for an apprentice diabetes educator permit shall include the Supervised

21 Work Experience Report, Form DPL-BDE-03[DE-05], which lists the name of the supervisor,

22 the employer, and the type of setting the work experience will be gained, incorporated by refer-

23 ence in 201 KAR 45:110.

1      Section 4. Applications involving prior convictions of a crime.

2            (1) If the board considers denying an application based solely on an applicant's prior conviction

3            of a crime, the board, pursuant to KRS 335B.030(2), shall:

4                (a) Provide the applicant with written notice that the board has determined that the prior

5                conviction may disqualify the applicant for a license or permit, and demonstrates the connection

6                between the prior conviction and the license or permit being sought; and

7                (b) Afford the applicant an opportunity to be personally heard before the board prior to the

8                board making a decision on whether to disqualify the applicant.

9                (2) If the board resolves to deny an application based solely on an applicant's prior conviction

10               of a crime after complying with the procedures in Section 4(1) of this administrative regulation,

11               the board, pursuant to KRS 335B.030(2), shall notify the applicant in writing of:

12                (a) The grounds and reasons for the denial or disqualification;

13                (b) That the applicant has a right to a hearing conducted in accordance with KRS Chapter

14               13B, if a written request for a hearing is made within twenty (20) [~~ten (10)~~] days after service of

15               notice;

16                (c) The earliest date the applicant may reapply for a license or permit; and

17                (d) That evidence of rehabilitation may be considered upon reapplication.

18      Section 5. Incorporation by Reference.

19      The following material is incorporated by reference:

20            (1) "Application for Licensure, Form BPL-LDE-01, July 2025, is incorporated by reference;

21            (2) "Application for Apprentice Diabetes Educator Permit", Form DPL-BDE-04, July

22            2025[DE-03, 08/2014], is incorporated by reference.

23            (3)[(2)] This material may be inspected, copied, or obtained, subject to applicable copyright

1 law, at the Kentucky Board of Licensed Diabetes Educators, Department of Professional Licens-  
2 ing, 500 Mero Street, [2SC32,] Frankfort, Kentucky 40601, Monday through Friday, 8 a.m. to  
3 4:30[5] p.m.

201 KAR 45:170

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](mailto:Sara.Janes@ky.gov)

Link to PPC public comment portal: [https://ppc.ky.gov/reg\\_comment.aspx](https://ppc.ky.gov/reg_comment.aspx)

## REGULATORY IMPACT ANALYSIS AND TIERING STATEMENT

201 KAR 45:170

Contact Person: Sara Janes  
Phone: 502-782-2709  
Email: sara.janes@ky.gov

Subject Headings: Diabetes Educators, Licensing, Boards and Commissions

(1) Provide a brief summary of:

- (a) What this administrative regulation does: The regulation establishes the requirements to apply for licensure.
- (b) The necessity of this administrative regulation: This regulation is necessary because it establishes the requirements to apply for licensure.
- (c) How this administrative regulation conforms to the content of the authorizing statutes: The Board is given the authority to establish regulations for the practice of diabetes educators.
- (d) How this administrative regulation currently assists or will assist in the effective administration of the statutes: This administrative regulation will establish the requirements to apply for licensure.

(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 clarifies and streamlines the requirements for credentialing and more specifically includes the evidence required relating to successful completion of the Association of Diabetes Care and Education Specialists (“ADCES”) Core Concepts Course or an equivalent credentialing program, and updates the formatting of the MIR.
- (b) The necessity of the amendment to this administrative regulation: This amendment is necessary to clarify the requirements for each licensure and permit type and the credential programs required, as well as correcting and updating the formatting of the MIR.
- (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 licenses.
- (d) How the amendment will assist in the effective administration of the statutes: The amendment assists in the effective administration of the statutes by clarify the requirements for each licensure and permit type and the credentialing programs required, as well as by updating the formatting of the MIR to include the applicable statutes and regulations.

(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 (3) 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 (3) will have to take to comply with this administrative regulation or amendment: Applicants will be required to provide all the necessary information, evidence of successful completion, and fees for the credential with the application.

(b) In complying with this administrative regulation or amendment, how much will it cost each of the entities identified in question (3): The cost for application for each credential is set by 201 KAR 45:100.

(c) As a result of compliance, what benefits will accrue to the entities identified in question (3): The applicants will have a clearer understanding of the requirements for applying for the credential.

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

(a) Initially: No new costs are anticipated.

(b) On a continuing basis: No new costs are 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. This administrative regulation does not establish any fees directly or indirectly.

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

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

## FISCAL IMPACT STATEMENT

201 KAR 45:170

Contact Person: Sara Janes

Phone: 502-782-2709

Email: [sara.janes@ky.gov](mailto: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, 309.334, 309.335, 309.336

(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(1) and (2). 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.

(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 45:170**

The "Application for Apprentice Diabetes Educator Permit", Form DE-03, 08/2014, is the form designed for use by the board for a permit for an apprentice diabetes educator and is incorporated by reference.

**SUMMARY OF CHANGES TO MATERIALS INCORPORATED BY REFERENCE  
201 KAR 45:170**

The "Application for Licensure, Form BPL-LDE-01, July 2025, consisting of five (5) pages, is the form designed for use by an applicant for licensure as a diabetes educator, and has been updated for formatting and is incorporated by reference in the amendment. This form was previously incorporated by reference in 201 KAR 45:110, but was stricken from that regulation for clarification on when to use that form and is now incorporated by reference in this administrative regulation.

The "Application for Apprentice Diabetes Educator Permit", Form DPL-BDE-04, July 2025, consisting of one (1) page, has been updated for formatting and to include 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

### APPLICATION FOR LICENSURE

#### GENERAL APPLICANT INFORMATION

You must include the non-refundable application fee of \$50.00 (fifty dollars) made payable by check or money order and made payable to the "Kentucky State Treasurer" with this application. The application will not be processed if the payment is not included. NOTE: The supervisor must be a Master Licensed Diabetes Educator or Licensed Diabetes Educator. Please print or type this application and mail the completed application and the to the address above. You MUST sign the applicant affidavit on Page 3.

#### Licensing Options (check one):

- Master – (CDE/BC-ADM). You must include:**
  - Certified Diabetes Educator (CDE) or Board Certified in Advanced Diabetes Management (BC-ADM)
  - (Attach copy of proof of certification as a CDE or BD-ADM. DO NOT complete Parts 2 & 3 of this application.)
- Licensed - You must include:**
  - A completed Diabetes Educator Apprentice Assessment (Post-Learning), Form DPL-BDE-02.
  - A completed Supervised Work Experience Report, Form DPL-BDE-03.
  - **Attach certified copy of course completion** for the credentialing program of the American Association of Diabetes Educators or the National Certification Board for Diabetes Educators, or the ADCES Core Concepts Course or an equivalent program that has been approved by the Board. **YOU MUST complete Part 2 & 3 of this application.**

#### PART 1:

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:	

#### GENERAL QUESTIONS

Please answer each of the following questions by putting a check (a) in the appropriate box on the right.

- You must answer each question with a "Yes" or "No" or "Not Applicable" ("N/A") if this option is provided. No other response is acceptable.
- All "Yes" answers MUST be explained in detail in a separate SIGNED and NOTARIZED affidavit.
- Applicants should be aware that answering "Yes" to some questions may necessitate special screening procedures by the board.
- Failure to disclose any of the requested information may result in the denial of your application or other appropriate action.

1. Have you ever had any application for any professional license denied by any licensing authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. Have you ever been denied the privilege of taking an examination required for any professional licensure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. Do you currently hold another professional license or credential? If yes, please list:	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. Have you ever been dropped, suspended, placed on probation, expelled, or requested to resign from any post-secondary educational program in which you were enrolled, for reasons in whole or in part, unrelated to grades?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



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5. Have you ever been placed on probation, restrictions, suspension, revocation, modification, allowed to resign, requested to leave temporarily or permanently, or otherwise acted against by any professional training program prior to completing the training, for reasons in whole or in part, unrelated to grades?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever violated or been formally charged with a violation of the honor code of any educational facility?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you ever voluntarily surrendered any other health professional license or registration, allowed it to lapse, or had a limited license or registration issued by any health licensing authority? *	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you ever had any other professional license revoked or have you ever been the subject of disciplinary action by any health professional licensing agency, including the refusal to grant, or had action to revoke, suspend, condition, limit, restrict or qualify a professional license in any way?	<input type="checkbox"/>	<input type="checkbox"/>
9. To your knowledge have any complaints ever been filed against you with any health care licensing agency, which remain unresolved or pending?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you ever been convicted, pled guilty, or pled nolo contendre (no contest) to a felony (or any criminal) conviction?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been named as a defendant to a civil suit related to your profession (i.e., malpractice) which has not been previously reported to the board?	<input type="checkbox"/>	<input type="checkbox"/>
12. At any time in the last five years have you on a regular or occasional basis engaged in the illegal use of any controlled substance?	<input type="checkbox"/>	<input type="checkbox"/>
13. If yes to the question immediately above, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not illegally engaging in the use of controlled substances?	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
14. Are you now or have you in the last five (5) years been addicted to any chemical substance including alcohol (excluding tobacco and caffeine)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are you now being treated or have you in the last five (5) years been treated for a drug or alcohol addiction or participated in a rehabilitation program?	<input type="checkbox"/>	<input type="checkbox"/>

### PART 2:

#### WORK EXPERIENCE

(Make additional copies as necessary)

**Applicant Information:**

Last Name:	First Name:	Middle Initial:	Previous Name:
Mailing Address: Street	City:	State:	Zip Code:

**Institution Information:**

Name of Institution:			
Mailing Address: Street	City:	State:	Zip Code:

Job Title:

DPL-BDE-01  
 Rev. July 2025  
 KRS 309.331(1), 309.334(2)(a)  
 201 KAR 45.110



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Phone: (502) 892.4253 | Fax: (502) 564.4818 | Website: bde.ky.gov | Email: lde@ky.gov

Department:

Name of Immediate Supervisor:

Title of Immediate Supervisor:

**Employment Questions:**

**Employment Status:**

YES, I am currently employed/self-employed in this position     NO, I am NOT currently employed/self-employed in this position

**Employment Dates:**

FROM month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_ TO month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_.

For this job, I am claiming \_\_\_\_\_ hours per week in diabetes education. **DO NOT report hours as a range.**

I am claiming a **total of** \_\_\_\_\_ hours in diabetes self-management education for the employment dates listed above.

**Practice Setting (check one only):**

Hospital Inpatient Only     Physician's Office     Hospital Outpatient Only     Community/Public Health Agency  
 Both Hospital Inpatient/Outpatient    Self-Employed/Private Practice     Home Health Agency    Other(specify) \_\_\_\_\_

If you answered "Other", provide a description of the setting. Use a separate sheet of paper if necessary and attach to application.

**Delivery method for diabetes self-management training that you provide(d) in this job (check one only):**

Face to face only     Electronic only (e.g., telephone, internet)     Face to face and electronic



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### SUPERVISOR AFFIDAVIT

I am currently a licensed diabetes educator or master licensed diabetes educator, and I have served as supervisor to the applicant. I have reviewed the work experience portion of this application and attest that I meet the requirements to be a supervisor as set out in 201 KAR 45:110 and that to the best of my knowledge the applicant's work experience is accurate, complete and truthful. (Make additional copies as necessary).

Signature (Required) :	Date:	
Title:	Department:	Institution:
Address:	City:	State:
Zip code:	Daytime Telephone (include area code):	Email Address:

### PART 3:

### SUPERVISION LOG PAGE

A minimum of 750 hours of work experience as an apprentice diabetes educator under a supervisor within the last five years, with 250 of those hours being obtained within the last year preceding licensure application, are required.

"Supervisor" means a "licensed diabetes educator" in good standing as defined by KRS 309.325(3) or a master licensed diabetes educator in good standing as defined in KRS 309.325(6).

Clinical Supervisor's Name:	
KBLDE License #:	
Professional Credentials:	
Signature:	
Number of Hours of Supervised Work Experience since last renewal: _____ Dates Obtained: _____	
Telephone Number (Days only):	

**Additional Supervisor (if applicable):**

Clinical Supervisor's Name:	
KBLDE License #:	
Professional Credentials:	



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Signature:

Number of Hours of Supervised Work Experience since last renewal: \_\_\_\_\_ Dates Obtained: \_\_\_\_\_

Telephone Number (Days only): \_\_\_\_\_

**Additional Supervisor (if applicable):**

Clinical Supervisor's Name: \_\_\_\_\_

KBLDE License #: \_\_\_\_\_

Professional Credentials: \_\_\_\_\_

Signature: \_\_\_\_\_

Number of Hours of Supervised Work Experience since last renewal: \_\_\_\_\_ Dates Obtained: \_\_\_\_\_

Telephone Number (Days only): \_\_\_\_\_

**(All applicants shall complete the Applicant Affidavit.)**

**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



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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.

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Have your credentials ever been disciplined?

YES       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?

YES       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

DPL-BDE-04

Rev. July 2025

KRS 309.331, 309.334(2)(c), 309.335(1)(b)1., 309.335(2)(b), 335B.030

201 KAR 45.170

KENTUCKY BOARD OF LICENSED DIABETES EDUCATORS  
P.O. BOX 1360  
FRANKFORT, KY 40602  
<http://bde.ky.gov>

## **APPLICATION FOR APPRENTICE DIABETES EDUCATOR PERMIT**

- A non-refundable application fee of \$50.00 (fifty dollars) must be included with this application.
- Please make check or money order payable to the Kentucky State Treasurer.
- Please include the Supervised Work Experience Report (Form DE-05) as provided in 201 KAR 45:110.
- Supervisor shall be a Master Licensed Diabetes Educator or Licensed Diabetes Educator
- Please mail the completed application and the application fee to the address above.
- Print or type

Name:

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Last	First	Middle
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Address: \_\_\_\_\_  
(Official address to be used on the board for all correspondence)

City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Professional Discipline Information:

Digitized by srujanika@gmail.com

If yes, list the license(s), number(s) and the state(s) in which you are licensed.

Have your credentials ever been suspended? \_\_\_\_\_ 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.

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**Applicant's Signature**

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Date

DE-03 (8/2014)