



KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS

APPLICATION FOR LICENSURE/CERTIFICATION

(Please print or type all information)

Type of Licensure/Certification for which you are applying: (check appropriate space)

	<input type="checkbox"/>	<u>Application Fee</u>
Dual Licensure/Certification (RDN,LD,CN) or (RD,LD,CN)	<input type="checkbox"/>	\$ 50.00
Certified Nutritionist Only (CN)	<input type="checkbox"/>	\$ 50.00

GENERAL INFORMATION

1. Name: _____

Last
First
Middle
2. Social Security No: ____/____/____ 3. Date of Birth: ____/____/____

Mo Day Yr.
4. Home Address: _____

Street
City
State
Zip
5. Business Name: _____ Email: _____
6. Business Address: _____

Street
City
State
Zip
7. Home Phone: () _____ - _____ Business Phone: () _____ - _____
8. Do you currently hold a valid registration as a "Registered Dietitian"? Yes No
 If yes, Registration Number: _____ Expiration Date: _____
9. Do you have or have you ever had licensure or certification in another state or jurisdiction? ____ Yes No
 State(s): If yes, submit licensure verification from each state in which you hold or have held a licence. _____
10. Have you ever made application and failed to receive a license or certificate in any state?
 Yes No If yes, give reason application was denied: _____

11. Has your license or certificate ever been suspended or revoked in this or any other jurisdiction? Yes No
 If yes, give details: _____

12. Have you ever been convicted of a felony? Yes No If yes, explain: _____

13. Have you ever been convicted of any crime related to your practice of dietetics or nutrition? Yes No

If yes, explain: _____

14. Are you a member of the military? N/A _____ Active _____ Reserve _____ National Guard _____

15. Are you a spouse or veteran of the military? N/A _____ Active _____ Reserve _____ National Guard _____

EDUCATION (KRS 310.010, Section A)

School	Name and Location	Dates Attended		Date of Graduation		Credit Hours	Degrees Obtained
		To	From	Month	Year		
Undergraduate							
Graduate							

NOTE:

- Applicants for certified nutritionist **must submit a certified copy of the official transcript** of Master’s degree (or higher). The transcript may be enclosed with the application or mailed directly to the Board office. Application cannot be reviewed until the necessary transcript(s) have been received.
- Applicants for dietitian are **required to enclose a copy of current registration card** issued by the Commission on Dietetic Registration or a letter indicating successful completion of the Registration Examination. Academy of Nutrition and Dietetics membership cards are not acceptable.

APPLICANTS AFFIDAVIT

I DO HEREBY AFFIRM THAT ALL STATEMENTS MADE HERewith ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHERMORE, I VOLUNTARILY CONSENT TO A THOROUGH INVESTIGATION OF MY PRESENT AND PAST EMPLOYMENT AND OTHER ACTIVITIES FOR THE PURPOSE OF VERIFYING MY QUALIFICATION FOR LICENSURE/CERTIFICATION. IN ADDITION, I AGREE TO FURNISH THE BOARD WITH ANY INFORMATION WHICH MAY SUBSEQUENTLY BE REQUESTED FOR THE PURPOSE OF VERIFYING MY QUALIFICATIONS.

Signature: _____ **Date:** _____

Application, along with a check, made payable to **THE KENTUCKY STATE TREASURER** should be sent to:

The Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
 PO Box 1360
 Frankfort, KY 40602

DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Board Review Date: _____ Approved: _____ Denied: _____ Deferred: _____

Comments: _____

First Review Initials: (1) _____ (2) _____
 Second Review Initials: (1) _____ (2) _____



STATE OF KENTUCKY
DEPARTMENT OF PROFESSIONAL LICENSING
PO Box 1360
FRANKFORT, KY 40602
(Phone) 502-892-4254 (Fax) 502-564-4818 DN@ky.gov
KENTUCKY BOARD OF LICENSURE AND CERTIFICATION
FOR DIETITIANS AND NUTRITIONISTS

Complete Part 1 of this form and mail to each state in which you hold or have held a license. (You are authorized to photocopy the form). Please note that some states may charge a fee for reporting this information.

VERIFICATION OF LICENSURE IN OTHER JURSDICTIONS PART 1 –APPLICANT MUST COMPLETE

I am applying for a Dietitian/Nutritionist license in Kentucky. I was granted licensure/certification in the State of _____. My license number is _____. The Kentucky Board of Dietitian/Nutritionist requires that I submit verification that my licensure/certification is in good standing. You are hereby authorized to release any information in your files, favorable or otherwise, directly to the Kentucky Board.

Name (Please Print): _____

Signature: _____

**PART II – MUST BE COMPLETED BY STATE BOARD AND
SUBMITTED WITH COPY OF LAW, RULES, AND REGULATIONS**

Name: _____

Certification/License Number: _____

Date Issued: _____ Expiration Date: _____

Licensed By: Exam Education

Do you show any derogatory information? Yes No

Has this licensee been disciplined by your board? Yes No

If yes, please explain fully on separate sheet and attach all related documentation.

Signature and Title

Date Board Seal

**State Board: Please return this form to:
Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
P.O. Box 1360
Frankfort, KY 40601**