

**KENTUCKY BOARD OF LICENSURE AND CERTIFICATION  
FOR DIETITIANS AND NUTRITIONISTS  
P.O. Box 1360  
Frankfort, Kentucky 40602**

**REINSTATEMENT APPLICATION**

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

SSN: \_\_\_\_\_  
License/Certificate #: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Your license and/or certification is terminated due to your 60 day grace period expiring. In accordance with KRS Chapter 310 and regulations governing this profession, you are required to reinstate your credential with the transmittal of this reinstatement form and the appropriate reinstatement fee. Please send a check or money order (**DO NOT SEND CASH**) as noted below, made payable to the “**Kentucky State Treasurer**”. For reinstatement, please complete this form and return with appropriate fee to the address above.

Example: If you moved out of state for 2 years and did not renew you Kentucky license/certificate, you will have to pay the renewals for the two previous years plus the current year for a total of three (3) years plus the \$50.00 reinstatement fee.

No Years	x	Renewal Fee	+	After December 31 Reinstatement Fee	=	Total Amount Due
[ 3	x	\$50.00 ]	+	\$50.00	=	\$200.00

**Reinstatement Fee Calculation:**

[No Years	x	Renewal Fee ]	+	After December 31 Reinstatement Fee	=	Total Amount Due
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Dietitian or  
Dual Licensure/Certification: [ \_\_\_\_\_ x \$ 50.00 ] + \$ 50.00 = \_\_\_\_\_  
(RDN, LD, CN) or (RD, LD, CN)  
or (RD, LD)

Certified Nutritionist: [ \_\_\_\_\_ x \$ 50.00 ] + \$ 50.00 = \_\_\_\_\_  
(CN)

*Licensed Dietitians and Certified Nutritionists shall submit proof of continuing education hours for years renewals were not made.*

**Licensed Dietitians and/or Dual Licensure/Certification shall submit a copy of a current CDR card as proof of CEUs.**

**Certified Nutritionists shall submit below as appropriate to document CEUs:**

- 1. Summary list of continuing education using the Continuing Education Submission Form for Certified Nutritionists;**
- 2. Certificates of attendance for Board approved continuing education (check certificate to determine that prior approval is noted); or Agendas and certificates of attendance for continuing education without Board Approval; and**
- 3. Continuing Education Submission Form for Certified Nutritionists as appropriate: Documentation for greater than 15 hours shall be submitted for consideration of carryover CEUs.**

**REMINDER:** The subject matter of the continuing education submitted for reinstatement of a Kentucky license or certificate shall meet the requirements of 201 KAR 33:030, Section 2(2). A copy of this regulation is available at <http://bdn.ky.gov>.

1. Are you a member of the military? N/A \_\_\_\_\_ Active \_\_\_\_\_ Reserve \_\_\_\_\_ National Guard \_\_\_\_\_
2. Have you been convicted of a felony since your last application or renewal? ( ) Yes ( ) No.  
If yes, list offense and provide details on a separate sheet of paper.
3. Have you been denied licensure and/or certification in another state, or has your credential in any other state been subject to disciplinary action? ( ) Yes ( ) No. If yes, give details on a separate sheet of paper.
4. Pursuant to 201 KAR 33:030, Section 1, licensed dietitians and certified nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of November 1 to October 31 for each renewal year . Up to fifteen (15) excess hours of continuing education can be carried over from the previous year.

**Signature: (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Sign your name – Do not print or type

### CERTIFICATION

I 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 license or certification could be subject to disciplinary action by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists.

**Signature: (Required)** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Sign your name – Do not print or type