			7/19
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KENTUCKY BOARD OF LICENSURE ANI NUTRIT	O CERTIFICATION FOR IONISTS	R DIETITIANS	AND
APPLICATION FOR LICE (Please print or ty	CNSURE/CERTIFICATIO pe all information)	DN	
Type of Licensure/Certification for which you are applying			
Dual Licensure/Certification (RDN,LD,CN) or (RD,LD,CN)	□ <u>Application Fee</u> □ \$50.00		
Certified Nutritionist Only (CN)	\$ 50.00		
GENERAL INFORMATION			
1. Name:LastI	First	Middle	
2. Social Security No: / / 3. Date of	Birth:// Mo Day Y	r.	
4. Home Address: Street	City	State	Zip
5. Business Name:	Email:		
6. Business Address:Street	City	State	Zip
 7. Home Phone: () Business Phone: 	-		Ър
8. Do you currently hold a valid registration as a "Registered Dietiti If yes, Registration Number:Expiration			
 Do you have or have you ever had licensure or certification in ano State(s): If yes, submit licensure verification from each state in w licence. 	hich you hold or have held a	es ⊔No	
 Have you ever made application and failed to receive a license or □Yes □No If yes, give reason application was denied: 	-		
11. Has your license or certificate ever been suspended or revoked in t If yes, give details:			
12. Have you ever been convicted of a felony? \Box Yes \Box N	Io If yes, explain:		
13. Have you ever been convicted of any crime related to your	practice of dietetics or nutritic	on? \Box Yes $\Box N$	0
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14. Are you a member	of the military? N/	A Active	eRese	erve	National	Guard		
15. Are you a spouse	or veteran of the m	nilitary? N/A	Active	Reser	ve	_ Nationa	al Guard	
		EDUCATION (H	KRS 310.010, Se	ction A)				
School	Name and	l Location	Dates A	Dates Attended		Date of Graduation		Degree Obtain
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aduate								
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STATE OF KENTUCKY DEPARTMENT OF PROFESSIONAL LICENSING PO Box 1360 FRANKFORT, KY 40602 (Phone) 502-892-4254 (Fax) 502-564-4818 <u>DN@ky.gov</u> 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

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