

The Kentucky Board of Licensure and Certification
For Dietitians and Nutritionists
Phone: (502) 892-4254
FAX (502) 564-4818

Continuing Education Approval Form

1. Individual/Provider Requesting Approval: _____

2. Program Provider: _____

Address: _____
City State Zip

Daytime Phone: _____

3. Program Title: _____ (Attach agenda, brochure, etc)

4. Program Date (s): _____ Time of Program: _____

5. Hours Requested: _____ (sixty (60) minutes=1 CE Hour)

6. Current Status-check one:
Licensed Dietitian _____ Certified Nutritionist _____ Dual _____

7. Is this program part of your CDR Portfolio Program Yes _____ No _____

8. Person to receive CE reporting form: _____

Address: _____
City State Zip

Return completed form to: The Kentucky Board of Licensure and Certification
For Dietitians and Nutritionists
PO Box 1360
Frankfort, Kentucky 40602

FOR BOARD USE ONLY

Date Reviewed: _____ **Approve:** _____ **Disapproved:** _____ **Deferred:** _____
(See below)

Maximum allowable hours: _____

Reason for disapproval: _____

Additional information needed for review by the Board: _____
