Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
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) 892.4254 | Fax: (502) 564.4818 | BDN.ky.gov | dn@ky.gov

APPLICATION FOR CREDENTIAL

LICENSE TYPE – PLEASE CHECK ONE.

☐	Certified Nutritionist Only (CN)	$50
☐	Licensed Dietitian (RD, LD)	$50
☐	Dual License/Certification (RDN, LD, CN) or (RD, LD, CN)	$50

INSTRUCTIONS

1. Make your check or money order payable to the Kentucky State Treasurer. DO NOT SEND CASH.
2. For dietitians or dual license/certification applicants: A criminal background investigation performed within the last ninety (90) days by the Department of Kentucky State Police (KSP) and the Federal Bureau of Investigation (FBI) shall be sent directly to the Board. The applicant is responsible for the payment of any fee to the KSP and FBI.
3. Applicants for certified nutritionist must submit a certified copy of the official transcripts of BOTH the baccalaureate and master's degree (or higher). The transcripts shall be sent directly to the Board by the academic institutions. Application cannot be reviewed until the necessary transcript(s) have been received.
4. Applicants for dietitian or dual license/certification must enclose: (1) A copy of current dietitian registration card issued by the Commission on Dietetic Registration, OR (2) A letter indicating successful completion of the Registration Examination, OR (3) A Commission on Dietetic Registration verification.
5. Mail to Kentucky Board of Licensure & Certification for Dietitians & Nutritionists, P. O. Box 1360, Frankfort, Kentucky, 40602.
6. Please type or print all information.

APPLICANT INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Prior Names Used: _____ Mailing Address: _____

City: _____ State: _____ Zip Code: _____ SSN Last 4: _____

D.O.B.: _____ Phone: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

GENERAL QUESTIONS

1. Do you currently hold a valid registration a "Registered Dietitian"? ☐ YES ☐ NO

   If YES, provide Registration Number: _____ Expiration Date: _____

2. Do you have or have you ever had licensure or certification in another state or jurisdiction? ☐ YES ☐ NO

   If YES, list the state(s) and credential number: _____ ***You MUST submit licensure or certification verification from each state in which you hold or have ever held a license.*** *You may attach an additional sheet, if necessary.*

3. Have you ever applied and failed to receive a license/certification in any state? ☐ YES ☐ NO

If YES, give details (add additional sheets, if necessary): _____

4. Are you a member of the military or a military spouse? ☐ YES ☐ NO

If YES, please attach proof of the following: (1) proof of issuance of a valid license, permit, certificate or other document issued by another state that is active or has been expired for < 2 years and that it is in good standing or was upon the date of expiration; (2) DD-214 form or other proof of active or prior military service with an honorable discharge, discharge under honorable conditions, or a general discharge under honorable conditions; proof of marriage to an active duty member of the Armed Forces of the U.S., if applicable; and proof that the military spouse is assigned to a duty station in this state and that the applicant is also assigned to a duty station in this state pursuant to the spouse's active duty military orders.

5. Have you ever been convicted, pled guilty, or pled nolo contendre (no contest) to a felony conviction, whether or not sentence was imposed or suspended? ☐ YES ☐ NO

If YES, please state where and when and attach a certified copy of the court records regarding your conviction, the nature of the offense, date of discharge, if applicable, as well as a statement from the probation or parole officer.

6. 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, provide details on a separate sheet of paper.

7. Have you ever been convicted of any crime related to your practice of dietetics or nutrition? ☐ YES ☐ NO

If YES, give details (add additional sheets, if necessary): _____

EDUCATION

School Name and Location: _____

Dates Attended: _____ Credit Hours: _____ Degree Obtained: _____

School Name and Location: _____

Dates Attended: _____ Credit Hours: _____ Degree Obtained: _____

School Name and Location: _____

Dates Attended: _____ Credit Hours: _____ Degree Obtained: _____

School Name and Location: _____

Dates Attended: _____ Credit Hours: _____ Degree Obtained: _____

ADDITIONAL INFORMATION REQUIRED IF LICENSED OR CERTIFIED IN ANOTHER JURISDICTION

PLEASE NOTE you must provide license verification documentation from each respective jurisdiction that has been created by the respective jurisdiction within the sixty (60) days prior to the submission of the application, which is not a license card or other initial license document, and which includes: 1) The applicant's name; 2) License or certification number; 3). License or certification status; 4) License or certification issue and expiration date; and 5) Any disciplinary action or conditions on the license or certification.

AFFIDAVIT

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

Signature (required): _____ Date: _____