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

REINSTATEMENT APPLICATION

SECTION 1: INSTRUCTIONS

Your credential was automatically revoked and expired pursuant to KRS 310.041 and 201 KAR 33:020 due to your failure to renew during the 60-day grace period. To reinstate your credential, you must:

1. Complete this form.
2. Please send a payment by check or money order made payable to the Kentucky State Treasurer. DO NOT SEND CASH.
3. 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.
4. Mail to Kentucky Board of Licensure & Certification for Dietitians & Nutritionists, P. O. Box 1360, Frankfort, Kentucky, 40602.
5. Please type or print all information.

SECTION 2: REINSTATEMENT FEE

Any person whose credential has expired within the last three (3) years may apply for reinstatement with payment of all past-due renewal fees and a reinstatement fee. See KRS 310.050(3). Example: If you moved out of state for 2 years and did not renew your Kentucky license/certificate, you must pay the renewals for the two previous years **plus** the $50.00 reinstatement fee. If the renewal period is open, you will also be required to pay the renewal fee for the current year. See example below:

No. Years	**x**	**Renewal Fee**	**+**	**After December 31 Reinstatement Fee**	**=**	**Total Amount Due**
2	x	$50	+	$50	=	$150.00

Reinstatement Fee Calculation:

Credential Type:	***No. of Years Since Expiration***	***x***	***Renewal Fee***	***+***	***Reinstatement Fee***	***= Total Amount Due***
Dietitian	_____		$50.00		$50.00	_____
Nutritionist	_____		$50.00		$50.00	_____
Dual Credential	_____		$50.00		$50.00	_____

SECTION 3: CONTINUING EDUCATION REQUIREMENTS

1. **Licensed Dietitians and/or Dual Licensure/Certification** applicants shall submit a copy of a current CDR card as proof of CEUs.
2. **Certified Nutritionists** shall submit below as appropriate to document CEUs:
   a. Summary list of continuing education using the Continuing Education Submission Form for Certified Nutritionists.
   b. Certificates of attendance for a continuing education program.

SECTION 4: GENERAL QUESTIONS

1. 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; 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.
2. Since your initial application or last renewal, have you ever been convicted, pled guilty, or pled nolo ☐ YES ☐ NO contendre (no contest) to a felony conviction, whether or not sentence was imposed or suspended?
   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.

   _____

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, provide details on a separate sheet of paper.

SECTION 5: APPLICANT CONTACT INFORMATION

Full Name: _____ Prior Names Used: _____

Mailing Address: _____City: _____ State: _____ Zip Code:_____

Phone: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

SECTION 6: 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: _____