KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS

APPLICATION FOR LICENSURE/CERTIFICATION

(Please print or type all information)

Type of Licensure/Certification for which you are applying: (check appropriate space)

		Application Fee
Dual Licensure/Certification (RDN,LD,CN) or (RD,LD,CN)	☐	$ 50.00
Certified Nutritionist Only (CN)	☐	$ 50.00

GENERAL INFORMATION

1. Name: _____ (Last) _____ (First) _____ (Middle)
2. Social Security No: ___/___/___ Date of Birth: ___/___/___ (Mo Day Yr.)
4. Home Address: _____ (Street) _____ (City) _____ (State) _____ (Zip)
5. Business Name: _____ Email: _____
6. Business Address: _____ (Street) _____ (State) _____ (Zip)
7. Home Phone: ( ) ___-___ Phone: ( ) ___-___
8. Do you currently hold a valid registration as a "Registered Dietitian"? ☐Yes ☐No
   If yes, Registration Number: _____ Expiration Date: _____
9. Do you have or have you ever had licensure or certification in another state or jurisdiction? ___ ☐Yes ☐No
   State(s): If yes, submit licensure verification from each state in which you hold or have held a licence. _____
10. Have you ever made application and failed to receive a license or certificate in any state?
    ☐Yes ☐No If yes, give reason application was denied: _____
11. Has your license or certificate ever been suspended or revoked in this or any other jurisdiction? ☐Yes ☐No
    If yes, give details: _____
12. Have you ever been convicted of a felony? ☐ Yes ☐No If yes, explain: _____
13. Have you ever been convicted of any crime related to your practice of dietetics or nutrition? ☐ Yes ☐No

If yes, explain: _____

_____

14. Are you a member of the military? N/A _____ Active _____ Reserve _____ National Guard _____

15. Are you a spouse or veteran of the military? N/A _____ Active _____ Reserve _____ National Guard _____

EDUCATION (KRS 310.010, Section A)

School	Name and Location	Dates Attended		Date of Graduation		Credit Hours	Degrees Obtained
		To	From	Month	Year		
Undergraduate							
Graduate							

NOTE:

- **Applicants for certified nutritionist must subm[illegible]ied copy of the offi[illegible]ript of Master's degree (or higher). The transcript may be enclosed with the application [illegible] directly to the [illegible]ice. Application cannot be reviewed until the necessary transcript(s) have been received.**

- **Applicants for dietitian are required to enclose a copy o[illegible] reg[illegible]card issued by the Commission on Dietetic Registration or a letter indicating successful completion of the Registra[illegible]. Academy of Nutrition and Dietetics membership cards are not acceptable.**

APPLIC[illegible]IDAVIT

I DO HEREBY AFFIRM THAT ALL STATEMENTS [illegible]É[illegible] ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. FURTHERMORE, I [illegible]ARI[illegible]ENT TO A THOROUGH INVESTIGATION OF MY PRESENT AND PAST EMPLOYMENT AND [illegible]R ACTI[illegible] FOR THE PURPOSE OF VERIFYING MY QUALIFICATION FOR LICENSURE/CERTIFI[illegible] IN ADDIT[illegible]GREE TO FURNISH THE BOARD WITH ANY INFORMATION WHICH MAY SUBSEQU[illegible]BE REQUES[illegible]R THE PURPOSE OF VERIFYING MY QUALIFICATIONS.

Signature: _____ **Date**: _____

Application, along with a check, made payable to **THE KENTUCKY STATE TREASURER** should be sent to:

The Kentucky Board of Licensure and Certification for Dietitians and Nutritionists
PO Box 1360
Frankfort, KY 40602

DO NOT WRITE BELOW THIS LINE – FOR BOARD USE ONLY

Board Review Date: _____ Approved: _____ Denied: _____ Deferred: _____

Comments: _____

First Review Initials: (1) _____ (2) _____
Second Review Initials: (1) _____ (2) _____

STATE OF KENTUCKY
DEPARTMENT OF PROFESSIONAL LICENSING
PO Box 1360
FRANKFORT, KY 40602
(Phone) 502-892-4254 (Fax) 502-564-4818 DN@ky.gov
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 numb_____. The Kentucky Board of Dietitian/Nutritionist req_____at I submit _____on that my licensure/certification is in good standing. You are hereby authorized_____ase any _____ation in your files, favorable or otherwise, directly to the Kentucky Board.

Name (Please Print): _____

Signature: _____

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PART II – MUST BE COM_____TE BOARD AND
SUBMITTED WITH COPY_____, RU_____D REGULATIONS

Name: _____

Certification/License Number: _____

Date Issued: _____ xpiration 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

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.*

Filed: July 16, 2026

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: _____

Filed: July 10, 2026