KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS

P.O. Box 1360
Frankfort, Kentucky 40602

REINSTATEMENT APPLICATION

Name _____ **SSN:** _____
Street Address _____ **License/Certificate #:** _____
City _____ **State** ____ **Phone:** _____
Zip _____ **Email:** _____

Your license and/or certification is terminated due to your 60 day grace period expiring. In accordance with KRS Chapter 310 and regulations governing this profession, you are required to reinstate your credential with the transmittal of this reinstatement form and the appropriate reinstatement fee. Please send a check or money order **(DO NOT SEND CASH)** as noted below, made payable to the **"Kentucky State Treasurer"**. For reinstatement complete this form and return appropriate fee to the address above.

Example: If you moved out of state for 2 years and did not renew you Kentucky license/certificate, you will have to pay the renewals for the two previous years plus the current year for a total of three years plus the $50.00 reinstatement fee.

No Years	x	Renewal Fee		After December 31 Reinstatement Fee	=	Total Amount Due
[3	x	$50.00]	+	$	=	$200.00

Reinstatement Fee Calculation:

	[No Years	x	Renewal Fee	]	+	After December 31 Reinstatement Fee	=	Total Amount Due
Dietitian or Dual Licensure/Certification: (RDN, LD, CN) or (RD, LD, CN) or (RD, LD)	[____	x	$50.00	]	+	$ 50.00	=	_____
Certified Nutritionist: (CN)	[____	x	$50.00	]	+	$	=	_____

Licensed Dietitians and Certified Nutritionists shall submit proof of continuing education hours for years renewals were not made.

Licensed Dietitians and/or Dual Licensure/Certification shall submit a copy of a current CDR card as proof of CEUs.

Certified Nutritionists shall submit below as appropriate to document CEUs:

1. **Summary list of continuing education using the Continuing Education Submission Form for Certified Nutritionists;**
2. **Certificates of attendance for Board approved continuing education (check certificate to determine that prior approval is noted); or**
   Agendas and certificates of attendance for continuing education without Board Approval; and
3. **Continuing Education Submission Form for Certified Nutritionists as appropriate: Documentation for greater than 15 hours shall be submitted for consideration of carryover CEUs.**

REMINDER: The subject matter of the continuing education submitted for reinstatement of a Kentucky license or certificate shall meet the requirements of 201 KAR 33:030, Section 2(2). A copy of this regulation is available at http://bdn.ky.gov.

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

2. Have you been convicted of a felony since your last application or renewal? ( ) Yes ( ) No.
   If yes, list offense and provide details on a separate sheet of paper.

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, give details on a separate sheet of paper.

4. Pursuant to 201 KAR 33:030, Section 1, licensed dietitians and certified nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of November 1 to October 31 for each renewal year . Up to fifteen (15) excess hours of continuing education can be carried over from the previous year.

Signature: (Required) _____ **Date:** _____
Sign your name – Do not print or type

CERTIFICATION

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 I ever at any time disclose any such misrepresentation or falsification, my license or certification could be subject to disciplinary action by the Kentucky Board of Licensure and Certification for Dietitians and Nutritionists.

Signature: (Required) _____ **Date:** _____
Sign your name – Do not print or type

KENTUCKY BOARD OF LICENSURE AND CERTIFICATION
FOR DIETITIANS AND NUTRITIONISTS
P.O. Box 1360
Frankfort, KY 40602

RENEWAL APPLICATION

License # _____

Your license as a dietitian and/or certificate as a nutritionist **expires on October 31, 2022.** In accordance with KRS Chapter 31 and regulations governing this profession, you are required to renew your credential(s) every year with the transmittal of this form and the appropriate renewal fee as noted below, in check or money order **(DO NOT SEND CASH)** made payable to the **Kentucky State Treasurer**. Please return completed form with fee to the address above prior to the deadline date of **October 31, 2022**. Renewal may be completed on-line at http://bdn.ky.gov using a credit card. [redacted]late fee for renewals re[redacted]during the **60 day grace period (postmarked after October 31, 202[redacted]**.00 per credential. ([redacted]dential holder may continue to work during this grace period). **After Dec[redacted]31, 2022 the l[redacted]certification is terminated and the Reinstatement Form must then be comp[redacted]**

Please check all that apply: **[redacted]al Fee**

		By October [redacted]		After October 31	
Dietitian:	_____	$50.00	_____	$75.00	_____
Nutritionist:	_____	$50.00	_____	$75.00	_____
Dual:	_____	$50.00	_____	$75.00	_____

THE FOLLOWING INFORMATION MU[redacted]COM[redacted]D:

1. Note changes in **mailing address if d[redacted] from above**:

   Name: _____

   Address: _____

   _____

2. Present Business Name/Address:

   _____

   _____

3. Home Phone: ( ) _____ Business Phone: ( ) _____

4. E-Mail Address: _____

5. Are you a member of the military? N/A _____ Active ____ Reserve_____National Guard _____

6. Have you been convicted of a felony since your last application or renewal? ( )Yes ( ) No. If yes, list offense and provide details on a separate sheet of paper.

7. 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, give details on separate sheet of paper.

8. Pursuant to KAR 201 33:030 Section 1, licensed dietitians and certified nutritionists are required to obtain fifteen (15) hours of board approved continuing education during the period of **November 1, 2021** to **October 31, 2022** for renewal of licensure or certification. In addition, up to fifteen (15) excess hours of continuing education can be carried over from the previous year.

FOR AUDITED RENEWALS ONLY:

- **Fifteen (15) continuing education hours are required for the period from November 1, 2021 and October 31, 2022.**
- **Licensed Dietitians and Certified Nutritionists must submit the following documentation as verification of continuing education.**

☐ **Option 1(one): Licensed Dietitia submit a copy of a cu DR card as proof of CEU.**
☐ **Option 2 (two):Submit below as a ate to document C**

- **Summary list of continu cation using t d Continuing Education Submission Form for A Renewals**
- **Certificates of attendance fo or Bo proved continuing education (check certificate to determine tha a is noted)**
- **Agendas and certificates of atte ntinuing education without CDR or Board approval**
- **Board Continuing Education Su rm for Carryover CEUs, as appropriate, with the same documentati ullet points under A above. Documentation for greater than 15 hours e su for consideration for carryover CEUs.**

REMINDER: The subject matter of the ing educat itted for renewal of a Kentucky license or certificate must meet the requiren 201 KAR 33.0 on 2(2). A copy of this regulation is available at http://bdn.ky.gov.

☐ **First year license/cer ion. No continuing e ion required. Date of initial license: _____**

I DO HEREBY SWEAR OR AFFIRM THAT I, THE UNDERSIGNED CREDENTIAL HOLDER, HAVE RECEIVED THE REQUIRED FIFTEEN (15) HOURS OF CONTINUING EDUCATION AS SET FORTH BY 201 KAR 33:030 DURING THE PREVIOUS TWELVE (12) MONTH PERIOD.

Signature: ***(Required)*** _____ **Date:** _____
(Sign your name - Do not print or type)

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 Nutritionist.

Signature: (*Required*)_____ **Date:** _____
(Sign your name - Do not print or type)

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

ANNUAL RENEWAL APPLICATION

INSTRUCTIONS

1. Your license as a dietitian, certificate as a nutritionist, or dual credential **expires on November 1.**
2. In accordance with KRS Chapter 31 and regulations governing this profession, you are required to renew your credential every year with the transmittal of this form and the appropriate renewal fee as noted below, in check or money order made payable to the **Kentucky State Treasurer**. **DO NOT SEND CASH**
3. Renewal is also required for those with Inactive Status.
4. Please return completed form with fee to the address above **prior to the deadline date of October 31**.
5. Renewal may be completed online at BDN.ky.gov using a debit or credit card.
6. The late fee for renewals received during the **60-day grace period** (**postmarked after October 31**) **is $25.00 per credential.** (The credential holder may continue to work during this grace period).
7. **After December 31, the license/certification will expire, and the applicant must file for reinstatement.**

RENEWAL FEE – PLEASE CHECK ALL THAT APPLY

Credential Type:	By October 31:	After October 31:
☐ Dietitian	$50.00	$75.00
☐ Nutritionist	$50.00	$75.00
☐ Dual Credential	$50.00	$75.00
☐ Inactive (CEUs not required)	$15.00	$40.00

CREDENTIAL INFORMATION

Full Name: _____ Credential Number: _____

Provide address, phone, and email address changes below:

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

CONTINUING EDUCATION

Pursuant to 201 KAR 33:030 Section 1, credential holders are required to obtain fifteen (15) hours of board-approved continuing education during the annual renewal period of November 1 to October 31. In addition, up to fifteen (15) excess hours of continuing education can be carried over from the previous year with prior board approval.

INSTRUCTIONS FOR AUDITED RENEWAL ONLY

Option 1 - Licensed Dietitians or Dual Credential Holders may submit a copy of a current CDR card as proof of CEU.

Option 2 - Certified Nutritionists must submit proof of CEUs as follows:

- Summary list of continuing education using the Board Continuing Education Submission Form for Audited Renewals
- Certificates of attendance for CDR or Board approved continuing education (check certificate to determine that prior approval is noted)
- Agendas and certificates of attendance for continuing education without CDR or Board Approval
- Board Continuing Education Submission Form for Carryover CEUs, as appropriate, with the same documentation as listed as bullet points above. Documentation for greater than 15 hours must be submitted for consideration for carryover CEUs.

Option 3 - First Year Credential Holders. Continuing Education is not required during the first year of issuance.

GENERAL QUESTIONS

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

   (If YES, the applicant shall provide proof of marriage to a current member of the Armed Forces of the United States.)
   NOTE: There is no renewal fee for the spouse of an active-duty member of the Armed Forces stationed in this Commonwealth pursuant to KRS 12.357. However, if a fee is required for an electronic renewal, the Board shall issue a refund within thirty (30) days.

2. Since your last application or renewal, 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.

   _____

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.

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: _____

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: _____