



KENTUCKY BOARD OF LICENSURE AND CERTIFICATION FOR DIETITIANS AND NUTRITIONISTS

APPLICATION FOR LICENSURE, CERTIFICATION, OR DUAL LICENSURE

*Please print or type all answers and clearly mark your selection where a checkbox is provided.
All questions must be answered completely. Attach additional pages as necessary.*

Type of Licensure or Certification for which you are applying:

Dual Licensure/Certification \$ 50.00 application fee

Dual Licensure/Certification includes: Registered Dietitian Nutritionist, Licensed Dietitian, Certified Nutritionist (RDN, LD, CN); and Registered Dietitian, Licensed Dietitian, Certified Nutritionist (RD, LD, CN).

Certified Nutritionist (CN) Only \$ 50.00 application fee

Licensed Dietitian (LD) Only \$ 50.00 application fee

GENERAL INFORMATION

1. Name: _____
Last First Middle

2. Social Security No: _____ 3. Date of Birth: _____
(Month)/(Day)/(Year)

4. Home Address: _____
Street City State Zip

5. Business Name: _____ Email: _____

6. Business Address: _____
Street City State Zip

7. Home Phone: _____ Business 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
List state(s) or jurisdictions and license, certification, or registration number: _____

License verification documentation must be submitted from each state in which you hold or have held a license and must have been created within sixty (60) days of the application. A copy of a license card, scroll, initial certificate, diploma, or other initial license document, will not satisfy this requirement.

10. Have you ever made application and failed to receive a license or certificate in any state? Yes No

If yes, state the reason your application was denied: _____

11. Has your license or certificate ever been suspended, revoked, or disciplined in any way, in this or any other jurisdiction? Yes No

If yes, list the reason(s) for each disciplinary action and attach a copy of the final order or disposition:

12. Have you ever been convicted of a felony? Yes No

If yes, provide the court and case number, and explain: _____

13. Have you ever been convicted of any crime related to your practice of dietetics or nutrition? Yes No

If yes, provide the court and case number, and explain: _____

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

15. Are you a spouse of a member of the military or a veteran of the military? Yes No

Military spouses applying for a six-month temporary license must attach all documents required by KRS 12.357(2).

16. Provide your educational history, in accordance with KRS 310.021(3) and KRS 310.031(2).

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

17. Applicants for certification as a nutritionist must submit a certified copy of the official transcript of a Master's degree (or higher). The transcript may be enclosed with the application or mailed directly to the Board.

- I am providing a certified copy of my transcript for my Master's degree (or higher); or
- I am not applying for certification as a nutritionist or for dual licensure.

18. Applicants for licensure as a dietitian must enclose a copy of a current registration card issued by the Commission on Dietetic Registration or a letter indicating successful completion of the Registration Examination. Member Academy of Nutrition and Dietetics membership cards do not fulfill this requirement.

- I am providing a copy of my registration card or letter; or
- I am not applying for licensure as a dietitian or for dual licensure.

I HEREBY STATE THAT THE INFORMATION CONTAINED IN THIS APPLICATION HAS NOT BEEN ALTERED IN ANY WAY AND IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I VOLUNTARILY CONSENT TO A THOROUGH INVESTIGATION OF MY PRESENT AND PAST EMPLOYMENT AND OTHER ACTIVITIES FOR THE PURPOSE OF VERIFYING MY QUALIFICATION FOR LICENSURE OR CERTIFICATION. I AUTHORIZE THE BOARD OR ITS AGENTS TO OBTAIN FROM OTHER SOURCES ANY INFORMATION NECESSARY FOR DETERMINING MY QUALIFICATIONS. I AGREE TO PROVIDE TO THE BOARD ANY INFORMATION WHICH MAY SUBSEQUENTLY BE REQUESTED BY THE BOARD FOR 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)