

INSTRUCTIONS FOR THE DIALYSIS TECHNICIAN CREDENTIAL

General Information **PLEASE PRINT CLEARLY IN BLACK INK**

- This form/information is for your use only. It does not have to be returned to the Board Office.
- Any person who wants to become employed as a Dialysis Technician (DT), must complete a Kentucky Board of Nursing (KBN) approved Dialysis Technician Training Program.* This person may use the title "Dialysis Technician Trainee" while he/she is enrolled in the training program.
- Effective January 10, 2011, Dialysis Technician Applicants will no longer be able to work until they are issued either a Dialysis Technician Applicant "DTA" or Dialysis Technician Credential "DTC" from the Board. Once an individual has completed a KBN approved Dialysis Technician Training program, he/she should submit an "Application for DT Credential" immediately. The DT should also send a copy of his/her DT Training Program Completion Certificate as proof of completion of the DT Training Program, a criminal record check report from the Kentucky Administrative Office of the Courts, CourtNet Disposition System that is dated within six months of the date of application and a Federal Bureau of Investigation (FBI) Applicant Fingerprint Card must be submitted to the Kentucky State Police, Frankfort, KY.
- All applicants are required to submit a Criminal Background Request Form (CourtNet) from the Administrative Office of the Courts (AOC). The FBI Fingerprint Card must be submitted to the Kentucky State Police, Frankfort, KY.
- To obtain a criminal history report, you can request one from the AOC website with payment by credit card at <http://courts.ky.gov/> and click on Obtain a Criminal History Report. If you apply online to the AOC, KBN will be able to retrieve the report from AOC faster.
- Another way to obtain a criminal history report is to complete the Criminal Background Request Form (CourtNet) and submit it by mail as directed on the form. The AOC will send a copy of the results to the applicant, as well as mail a copy to KBN. This process may take several weeks.
- To obtain the FBI Fingerprint Card, you may request one from the Board using the Fingerprint Request Form on the KBN website. If the agency doing your fingerprinting has fingerprint cards that do not have an ORI number, employer address, or reason for fingerprinting listed on the card, you may submit that card. If you decide to use another agency's fingerprinting card, make sure that the card number on the back is FD-258. You may also review the Frequently Asked Questions for Fingerprint Card on the KBN website.
- A person who has submitted an initial "Application for DT Credential" with a copy of the DT Training Program Completion Certificate and a criminal record check report from the Kentucky Administrative Office of the Courts, CourtNet Disposition System that is dated within six months of the date of application, may not engage in dialysis care until the Board either issues the DTA, DTC or denies the application.
- See below for additional information on the application process and scope of practice.

Application checklist

- Prior to mailing your completed "Application for DT Credential" to the Board office, please make sure the following items/information are included:
 - (1) Completed application with all applicable questions/sections answered.
 - (2) A copy of your DT Training Program Completion Certificate.
 - (3) Criminal history report must: (if you did not request AOC to submit to the Board electronically)
 - (a) Be from the Kentucky Administrative Office of the Court
 - (b) Have your SSN at the top of the page
 - (c) Include all last names or aliases you've ever used.

- (4) If applicable, a legal document showing your name change.
- (5) If applicable, letter(s) of explanation and copy of court records, certified by the court.
- (6) Check or money order made payable to the Kentucky Board of Nursing
 - (a) Initial application - **\$70.00**
 - (b) Reinstatement application - **\$100.00**
 - (c) The check or money order must be signed and in the correct amount.
- (7) Fingerprint Card with \$12.00 fee made payable to the Kentucky State Police. You must complete all the biographical data on the top of the card. You and the person taking the fingerprints must sign the card or it will be returned to you for completion. (Please allow 4-6 weeks for processing the fingerprint card from the FBI). Submit Fingerprint card and the \$12.00 processing fee directly to
Kentucky State Police
Records Branch
1266 Louisville Rd
Frankfort, KY - 40601.

Other information

- The credential will be issued for a two-year (24-month) period from the date it is originally issued. KBN will send an application form for renewal of the DT credential to each person at least 6 weeks prior to the expiration of the DT credential. Each DT must apply for renewal of his/her credential at least one (1) month prior to its expiration date. At the time of renewal, you will also have to submit evidence of obtaining certification from one of the nationally recognized certification programs. **(Note: It is the responsibility of each DT to maintain his/her current address on file with the Board office. A DT Change of Address form is available on the web.)**

Training outside the state of Kentucky

- If you completed dialysis technician training outside of Kentucky, see Section 2, 201 KAR 20:470 and the application. All applicants shall submit an application, documentation of the DT training program content, and a completion certificate to the Board for review. A DTA or DTC must be issued before beginning employment.

Application for Reinstatement

- If you are applying for reinstatement, see Section 4 of 201 KAR 20:470 and the application. Your application for reinstatement, if you are not enrolled into the training program, must be processed before returning to work as a DT.

Scope of Practice

- The scope of practice of the dialysis technician is listed in 201 KAR 20:470, Section 5, as follows:
- Section 5. Scope of Practice.
 - (1) The scope of practice of a dialysis technician shall include the following and shall be performed under the direct, on-site supervision of a registered nurse or a physician:
 - (a) Preparation and cannulation of peripheral access sites (arterial-venous fistulas and arterial-venous grafts);
 - (b) Initiating, delivering or discontinuing dialysis care;
 - (c) Administration of the following medications only:
 1. Heparin 1:1000 units or less concentration either to prime the pump, initiate treatment, or for administration throughout the treatment, in an amount prescribed by a physician, physician's assistant or advanced practice registered nurse. The dialysis technician shall not administer heparin in concentrations greater than 1:1000 units.
 2. Normal saline via the dialysis machine to correct dialysis-induced hypotension based on the facility's medical protocol. Amounts beyond that established in the facility's medical protocol shall not be administered without direction from a registered nurse or a physician.

3. Intradermal lidocaine, in an amount prescribed by a physician, physician's assistant, or advanced practice registered nurse;
 - (d) Assistance to the registered nurse in data collection;
 - (e) Obtaining a blood specimen via a dialysis line or a peripheral access site;
 - (f) Responding to complications that arise in conjunction with dialysis care; and
 - (g) Performance of other acts as delegated by the registered nurse pursuant to 201 KAR 20:400.
 - (2) The scope of practice of a dialysis technician shall not include:
 - (a) Dialysis care for a patient whose condition is determined by the registered nurse to be critical, fluctuating, unstable, or unpredictable;
 - (b) The connection and disconnection of patients from, and the site care and catheter port preparation of, percutaneously or surgically inserted central venous catheters; and
 - (c) The administration of blood and blood products.
- A copy of the administrative regulation may be obtained from the KBN website at <http://kbn.ky.gov>.
 - Should you have additional questions, please contact Richelle Livers at the Board office at 502-429-7180.
 - 06/12/2002, 10/2004, 11/2010, 05/2011, 03/2012, 01/2016

Kentucky Board of Nursing
DT Credentialing Program
312 Whittington Pky Ste 300
Louisville KY 40222-5172
502-429-3300 800-305-2042
Fax: 502-429-3311
http://kbn.ky.gov

APPLICATION FOR DIALYSIS TECHNICIAN CREDENTIAL

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

Office Use Only

- \$70 \$100
 No Money

Should you have questions regarding any section of the application, please contact the Kentucky Board of Nursing (KBN) office.
Print clearly, using capital letters and black ink, and check the appropriate boxes.

Section 1: Biographical Data

Using capital letters, clearly print your name, address, and all other information requested. If the name on your application differs from your name on any other documents submitted with this application, you must include a copy of legal name change documentation with this application. You are required to notify the KBN office in writing of any subsequent legal name change and of any address change.

Last Name (print clearly)

First Name (print clearly)

M.I.

Maiden Name (print clearly)

Address Line 1 (print clearly)

Address Line 2 (print clearly)

City (print clearly)

State

Zip Code (print clearly)

County of Residence (print clearly)

Male Female

Daytime Phone Number (print clearly)

Home Phone Number (print clearly)

Email Address (print clearly)

Section 2: Social Security Number and Date of Birth

Social Security # (print clearly)

Date of Birth

Section 3: Method of Application

The fee must be included. The application fee is non-refundable.

Select one of the following by checking the appropriate box:

- Applying for Initial DT Credential (\$70) Applying for Reinstatement of a DT Credential (\$100)

Section 4: Checklist for Competency Validation

A) Out of State Training: Form must be completed after you become a DT Applicant by filling out an Application for Dialysis Technician Credential and after your immediate supervisor has had an opportunity to evaluate your competency.

B) Reinstatement: Form must be completed and attached to the Application for Dialysis Technician Credential if your previous credential has lapsed for more than 2 years. This form may be signed by either your supervisor or DT program faculty.

The checklist has been completed and is attached? Yes No

APPLICATION FOR DIALYSIS TECHNICIAN CREDENTIAL (Continued.)

_____-_____-_____
Social Security # (print clearly)

Section 7: Disciplinary

If you answer "Yes" to any of these questions, you **SHALL** provide the following documents:

- A detailed letter of explanation for each action taken.
- A certified copy of the Board's or other licensing agency's action.
- If you have more than two disciplinary events, please list the event(s) and include state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Check the appropriate boxes and fill out information for each "Yes" answer:

1. Do you have a current investigation pending on your Credential, other professional license/certification or your privilege to practice in any state(s)/jurisdiction(s) other than with KBN? Yes No
 State: _____ Year: _____ State: _____ Year: _____
 If "Yes", has this been previously reported to KBN? Yes No
2. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program other than with KBN? Yes No
 State: _____ Year: _____ State: _____ Year: _____
 If "Yes", has this been previously reported to KBN? Yes No
3. Has any licensing or regulatory authority in any state(s)/jurisdiction(s), other than KBN, EVER denied, limited, suspended, probated, revoked, or otherwise disciplined your credential or other professional license/certification or your privilege to practice? Yes No
 State: _____ Year: _____ If "Yes", type of license/certification: _____
 State: _____ Year: _____ If "Yes", type of license/certification: _____
 If "Yes", has this been previously reported to KBN? Yes No

Section 8: Criminal History * Per KRS 314.011 (21) Convictions include conditional discharge, a guilty plea pursuant to pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea

If you have more than two felony or misdemeanor convictions, please list the conviction and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

You shall report ALL felony convictions* and provide certified court records and a detailed letter of explanation.

1. Have you **EVER** been convicted of a felony? Yes No
 State: _____ Year: _____ If "Yes", type of felony: _____
 State: _____ Year: _____ If "Yes", type of felony: _____
 If yes, has this conviction been previously reported to KBN? Yes No

You shall report ALL misdemeanor convictions*

2. Have you **EVER** been convicted of a misdemeanor including DUI's? Yes No
 - If the conviction* (including DUI's) is less than five years old, you shall provide certified court records and a detailed letter of explanation.
 - If the conviction* (including DUI's) is more than five years old, no additional documentation is required unless requested by KBN..
 State: _____ Year: _____ If Yes, type of misdemeanor: _____
 State: _____ Year: _____ If Yes, type of misdemeanor: _____
 If yes, has this conviction been previously reported to KBN? Yes No

