

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)

_____ Male Female

County of Residence (print clearly)

_____ - _____ - _____

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 5: DT Educational Program Information

Have you completed a KBN-approved Dialysis Technician training program? Yes No

If No, are you currently enrolled in a training program? Yes No

Office Use Only
Program Code

Program Name (print clearly)

Program Address Line 1 (print clearly)

Program Address Line 2 (print clearly)

City (print clearly)

State

____-____
Zip Code (print clearly)

____/____
Month & Year Enrolled (print clearly)

____/____
Month & Year Completed (or Scheduled to be Completed)

Note: If you have completed a training program, then you must send a copy of your program certificate of completion with this application. If the training you attended was not located in Kentucky, you must show proof of having completed a dialysis training program, and submit the content of the program for review.

Section 6: Current Employment Information

Complete this section ONLY if you are currently employed as a Dialysis Technician.

Current Employer (print clearly)

Employer Address Line 1 (print clearly)

Employer Address Line 2 (print clearly)

City (print clearly)

State

____-____
Zip Code (print clearly)

Title of Your Current Position (print clearly)

____/____
Date of Employment (print clearly)

County of Employment (print clearly)

____-____
Employer Phone Number (print clearly)

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

Section 9: Reinstatement of DT Credential

Complete this section **ONLY** if you are reinstating a previously issued Kentucky DT credential. You may not be employed as a Dialysis Technician until your credential is reinstated.

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| / _____
Month & Year Your DT Credential Lapsed DT Credential # (print clearly)

Note: If your credential has lapsed for more than 2 years, you may be employed as a DT Trainee and must complete a Board-approved training program and submit a certificate of completion. As stated in Section 4, you must also submit a “Checklist for Dialysis Technician Competency Validation” form signed by your immediate supervisor once you have completed the training program. The form may be obtained from the KBN website (kbn.ky.gov).

Section 10: Attestation Statement

I certify that I am the person referred to in this application; that I am not in default of a student loan or I am in repayment status of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA); that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN; that all statements contained herein and on all attachments are true and correct in every respect and that I have read and understand this application and all requirements stated therein. I understand that failure to comply with requirements for credential may subject this application to denial status. I understand that all information on this application is subject to an audit for verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to the full range of disciplinary action described therein.

Applicant’s Signature

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| / _____
Date