

**RETURN TO**

**KENTUCKY BOARD OF NURSING**  
DT Credentialing Program  
312 Whittington Pky, Ste 300  
Louisville KY 40222-5172  
502-429-3300 or 800-305-2042  
Fax: 502-429-3311  
Website: kbn.ky.gov

**APPLICATION FOR DIALYSIS TECHNICIAN  
TRAINING PROGRAM APPROVAL**

**INSTRUCTIONS:** In accordance with 201 KAR 20:470, submit this completed application form and appended materials to the Kentucky Board of Nursing, DT Program. Please allow up to two months for the application to be processed. Print clearly using capital letters and black ink, darkening the appropriate circles.

**Section 1: Application Type**

Indicate if the application is for initial program approval (\$950 fee), continued program approval (\$800 fee), or reinstatement of program approval (\$950 fee).

Initial:  Continued:  Reinstatement:

**Applications for continued program approval must be submitted to KBN at least two months prior to the end of the current approval period. Applications received after the filing deadline will be assessed an additional \$150 fee.**

**Section 2: Name/Address of Institution Offering DT Training Program**

Name:  
[Grid for Name]

Address 1:  
[Grid for Address 1]

Address 2:  
[Grid for Address 2]

City: [Grid] State: [Grid] Zip: [Grid]

Daytime Phone #: [Grid] - [Grid] - [Grid] Fax #: [Grid] - [Grid] - [Grid]

E-Mail Address:  
[Grid for E-Mail Address]

**Section 3: Name/Title of Program Administrator of DT Training Program**

Last Name:  
[Grid for Last Name]

First Name: [Grid] Credentials: [Grid]

Title: [Grid] License #: [Grid]

**Section 4: Anticipated Offering Date for the Program**

When do you plan to offer this program?

[Horizontal lines for offering date]

**Office Use Only**

Program Code #: [Grid]

\$950  \$800  \$150  NO MONEY

Approval Date: [Grid] - [Grid] - [Grid]

Date Paid: [Grid] - [Grid] - [Grid]

## Section 5: Program Documentation

**Please attach documentation that the program meets the standards set forth in 201 KAR 20:470, Section 7, which includes the following:**

1. Name, position description, and qualifications of DT program administrator.
2. Names and qualifications/description of faculty.
3. Program syllabus.
4. Trainee clinical practice requirements.
5. Length of program and tentative program presentation dates.
6. Completion requirements.
7. Records retention plan.
8. Copy of certificate of program completion form.
9. Training roster for past two years.

Note: If applying for continued approval, also attach annual training program evaluation summary report and any actions

## Section 6: Fee - The Renewal Application Fee is Listed in Section 1

**Make check or money order payable to Kentucky Board of Nursing and enclose the payment with this form. The application fee (as stated in Section 1) must be for the exact amount and is non-refundable.**

## Section 7: Signature

**Signature & Title of Program Administrator**

Date:   -   -