

KENTUCKY BOARD OF NURSING
DT Credentialing Program
312 Whittington Parkway Suite 300
Louisville, KY 40222
Phone: (502) 429-3300 or (800) 305-2042
Fax: (502) 429-3311
Website: kbn.ky.gov

LIST OF DIALYSIS TECHNICIAN TRAINING PROGRAM GRADUATES

This List is due within three (3) working days of Program completion.

DT Training Program Graduates

This information documents that all requirements for the Dialysis Technician Training Program were completed by the individual(s) listed below. Print clearly using capital letters and black ink.

Program Name: _____

KBN Issued Program Code _____ - _____

Actual Program Completion Date: _____

Total Number of Graduates Completing This Date: _____

Program Administrator: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Alphabetical List of All DT Training Program Graduates

Use the table below to provide an alphabetical list of all persons who completed the program on the above listed date. (Give full name, including maiden name and social security number.) Use the reverse side to continue the list as needed.

Full Name (Last, First, Middle Initial, Maiden)	Social Security Number	KBN Use Only