

**Kentucky Board of Nursing
DT Credentialing Program
312 Whittington Pkwy Suite 300
Louisville KY 40222
Phone: (502) 429-3300 or (800) 305-2042
Fax: 502-429-3311
Website: kbn.ky.gov**

Office Use Only

Paid _____

No Money Paid

APPLICATION FOR DIALYSIS TECHNICIAN CREDENTIAL RENEWAL
Application Fee is non-refundable and subject to change.

In accordance with 201 KAR 20:476 submit this completed application form and appended materials to the Kentucky Board of Nursing, DT Program prior to the expiration date of the credential. Print clearly using capital letters and black ink, and check the appropriate boxes.

SECTION 1: Biographical Data

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 Kentucky Board of Nursing (KBN) office in writing of any subsequent legal name change and of any address change.

Last Name: _____ First Name: _____ MI: _____

Maiden Name: _____ Male Female Other

Address: _____

City: _____ State: _____ Zip: _____

County of Residence: _____ Phone #: _____

Email: _____

SECTION 2: Social Security Number and Date of Birth

Social Security Number: _____ Date of Birth: _____

SECTION 3: Applying for Renewal of DT Credential

1. Submit the required fee
2. Submit a copy of national DT Certification

SECTION 4: Employment Information

You **MUST** be employed as a Dialysis Technician to renew your DT Credential

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____

Title of Your Current Position: _____

Date of Employment: _____

SECTION 5: Disciplinary/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 a Alford plea. Traffic misdemeanors, other than DUI, should not be reported.*

- 1. Since your last KY DT Credential was issued, have you been convicted* of a misdemeanor or felony that has NOT been report to KBN? Yes No

If yes, what conviction(s)? _____

What state(s)? _____

- 2. Since your last KY DT Credential was issued, have you enrolled/been admitted to a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program OTHER THAN with KBN or is such pending? Yes No

If yes, what state(s)? _____

- 3. 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 KBN, that has not been reported to the Board? Yes No

If yes, what state(s)? _____

- 4. Since your last KY DT Credential was issued has any licensing or regulatory authority in any state(s)/jurisdiction(s), other than KBN, disciplined your credential/certification or your privilege to practice that has not been reported to the Board? Yes No

If yes, what state(s)? _____

SECTION 6: Attestation Statement

I certify that I am the person referred to in this application; that I have read and understand administrative regulations 201 KAR 20:472, 201 KAR 20:474; 201 KAR 20:476; and 201 KAR 20:478 and 902 KAR 20:018, 907 KAR 1:400, and 42 CFR 405.2102; 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.

Signature: _____ Date: _____

SECTION 7: Competency Validation

In order to be eligible for DT Credential renewal, you must provide documentation that you can perform dialysis care in a safe manner. Your immediate supervisor must complete the following information and sign the form in the presence of a Notary Public. You must return this page with your completed application form

A. Immediate Supervisor’s Certification

Immediate Supervisor’s Name and Credentials: _____

License #: _____ Phone #: _____

Email: _____

As the Immediate supervisor of the above-named dialysis technician, I certify that the following Information is true and accurate. I also certify that:

(Name of Dialysis Technician) _____ performs dialysis care in a safe manner, under the direct on-site supervision of a registered nurse or physician.

Immediate Supervisor _____

Signature of Immediate Supervisor _____

Date: _____