

**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

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. 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 Initial DT Credential

- A. If you completed a DT Training Program in Kentucky
 1. Submit the required fee
 2. Submit a copy of your Certificate of Completion for your DT Training Program
 3. Submit a Criminal Background Check
 4. At the completion of your Clinical Internship, assure that your supervisor has submitted the Checklist for Competency Validation
- B. If you completed a DT Training Program not in Kentucky
 1. Submit the required fee
 2. Submit a Criminal Background Check
 3. You must also review the applicable Kentucky Administrative Regulations. By signing this application, you acknowledge that you have done so.
 4. National DT Certification:
 - i. If you hold national DT Certification, submit a copy of the current certification certificate.
 - ii. If you do not hold national DT Certification, submit a copy of the curriculum of your DT Training Program for KBN staff review. You will be given further instructions after review of the program. You must also complete a Clinical Internship and assure that your supervisor has submitted the Checklist for Competency Validation.

SECTION 4: Applying for Reinstatement of DT Credential

- A. If your DT Credential has lapsed for less than twelve (12) months:
 - a. Submit the required fee
 - b. Submit a Criminal Background Check
 - c. Submit a copy of your national DT Certification
- B. If your DT Credential has lapsed for more than twelve (12) months AND you have worked as a DT in another state during that time:
 - a. Submit the required fee
 - b. Submit a Criminal Background Check
 - c. Submit verification of your employment as a DT
 - d. Submit a copy of your national DT Certification
 - e. You must also review the applicable Kentucky Administrative Regulations. By signing this application, you acknowledge that you have done so
- C. If your DT Credential has lapsed for more than twelve (12) months AND you have not worked as DT in another state during that time, you must complete a DT Training Program in Kentucky and meeting all the requirements in 201 KAR 20:476, Section 1.

SECTION 5: DT Educational Program Information

Program Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Month and Year Enrolled: _____ Month and Year Completed: _____

SECTION 6: Current Employment Information

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

Current Employer: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____ Phone #: _____

Title of Your Current Position: _____

Date of Employment: _____

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 _____ State: _____ Year _____

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 a 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 course 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 been previously reported to KBN? Yes No

You shall report ALL misdemeanor convictions* Traffic misdemeanors, other than DUI, should not be reported.

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 been previously reported to KBN? Yes No

SECTION 9: 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 regulations 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: _____