# DT CREDENTIAL REISSUE FORM

$10 FEE FOR EACH CREDENTIAL REQUESTED  
(Fee is non-refundable)

Please type or print using capital letters and black ink.

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## Section 1: Biographical Data

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>M.I.</th>
<th>Maiden Name</th>
<th>Street</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**County of Residence**

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Daytime Phone</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Social Security #:</th>
<th>Credential #:</th>
</tr>
</thead>
</table>

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## Section 2: Reason for Reissue

Please fill in the appropriate circle indicating the reason for this request. Your credential card MUST BE RETURNED with this form if you are requesting a change of name, and you must submit a copy of a legal name change document with this application.

- Original Credential Was:  
  - [ ] Name Change  
  - [ ] Lost  
  - [ ] Stolen  
  - [ ] Never Received

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## Section 3: Notary

I certify that I am the person who is referred to in the foregoing application for reissue of a Kentucky dialysis technician credential; that the statements contained herein are true in every respect; that I have read and understand this application. I further understand that the falsification of any information contained herein will be cause for disciplinary action.

**Applicant’s Signature**

Subscribed and sworn to before me by ______________________  
(Applicant’s Name)

this _____ day of ______________, 20__

**State Of**  
Commission Expires

**Notary Public’s Signature**

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For Office Use Only  
Cred Status: ________________  
N/C Received: ________________  
6/2014