

KENTUCKY BOARD OF NURSING

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Louisville, KY 40222-5172

(502) 429-3300 or (800) 305-2042

Website: <http://kbn.ky.gov>

GENERAL INFORMATION AND CHECKLIST – DIALYSIS TECHNICIAN CREDENTIAL APPLICATION

This form/information is for your use only. It does not have to be returned to the Board Office.

Any person who wants to become employed as a Dialysis Technician (DT), must complete a Kentucky Board of Nursing (KBN) approved Dialysis Technician Training Program.* This person may use the title "Dialysis Technician Trainee" while he/she is enrolled in the training program.

Effective January 10, 2011, Dialysis Technician Applicants will no longer be able to work until they are issued either a Dialysis Technician Applicant "DTA" or Dialysis Technician Credential "DTC" from the Board. Once an individual has completed a KBN approved Dialysis Technician Training program, he/she should submit an "Application for DT Credential" immediately. The DT should also send a copy of his/her DT Training Program Completion Certificate as proof of completion of the DT Training Program, a criminal record check report from the Kentucky Administrative Office of the Courts, [CourtNet](#) Disposition System that is dated within six months of the date of application and a Federal Bureau of Investigation (FBI) Applicant Fingerprint Card must be submitted to the Kentucky State Police, Frankfort, KY.

All applicants are required to submit a Criminal Background Request Form ([CourtNet](#)) from the Administrative Office of the Courts ([AOC](#)). The FBI Fingerprint Card must be submitted to the Kentucky State Police, Frankfort, KY.

To obtain a criminal history report, you can request one from the AOC website with payment by credit card at <http://courts.ky.gov/> and click on Obtain a Criminal History Report. If you apply online to the AOC, KBN will be able to retrieve the report from AOC faster.

Another way to obtain a criminal history report is to complete the Criminal Background Request Form ([CourtNet](#)) and submit it by mail as directed on the form. The [AOC](#) will send a copy of the results to the applicant, as well as mail a copy to KBN. This process may take several weeks.

To obtain the FBI Fingerprint Card, you may request one from the Board using the [Fingerprint Request Form](#) on the KBN website. If the agency doing your fingerprinting has fingerprint cards that do not have an ORI number, employer address, or reason for fingerprinting listed on the card, you may submit that card. If you decide to use another agency's fingerprinting card, make sure that the card number on the back is FD-258. You may also review the [Frequently Asked Questions for Fingerprint Card](#) on the KBN website.

A person who has submitted an initial "Application for DT Credential" with a copy of the DT Training Program Completion Certificate and a criminal record check report from the Kentucky Administrative Office of the Courts, [CourtNet](#) Disposition System that is dated within six months of the date of application, may not engage in dialysis care until the Board either issues the DTA, DTC or denies the application.

See below for additional information on the application process and scope of practice.

APPLICATION CHECKLIST:

Prior to mailing your completed "Application for DT Credential" to the Board office, please make sure the following items/information are included:

- ☐ Completed application with all applicable questions/sections answered.
- ☐ A copy of your DT Training Program Completion Certificate.
- ☐ [Criminal history report](#) must: (if you did not request AOC to submit to the Board electronically)
 - a. Be from the Kentucky Administrative Office of the Court
 - b. Have your SSN at the top of the page
 - c. Include all last names or aliases you've ever used.

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- ☐ If applicable, a legal document showing your name change.
- ☐ If applicable, letter(s) of explanation and copy of court records, certified by the court.
- ☐ Check or money order made payable to the Kentucky Board of Nursing for seventy dollars (\$70) initial application or \$100 dollars (\$100) reinstatement fee. The check or money order must be signed and in the correct amount.
- ☐ Fingerprint Card with \$16.50 fee made payable to the Kentucky State Police. You must complete all the biographical data on the top of the card. You and the person taking the fingerprints must sign the card or it will be returned to you for completion. (Please allow 4-6 weeks for processing the fingerprint card from the FBI). Submit Fingerprint card and the \$16.50 processing fee directly to the Kentucky State Police, Records Branch, 1266 Louisville Rd, Frankfort, KY.

OTHER INFORMATION:

The credential will be issued for a two-year (24-month) period from the date it is originally issued. KBN will send an application form for renewal of the DT credential to each person at least 6 weeks prior to the expiration of the DT credential. Each DT must apply for renewal of his/her credential at least one (1) month prior to its expiration date. At the time of renewal, you will also have to submit evidence of obtaining certification from one of the nationally recognized certification programs. **(Note: It is the responsibility of each DT to maintain his/her current address on file with the Board office. A [DT Change of Address](#) form is available on the web.)**

TRAINING OUTSIDE THE STATE OF KENTUCKY:

*If you completed dialysis technician training outside of Kentucky, see Section 2, 201 KAR 20:470 and the application. All applicants shall submit an application and evidence of training to the Board and be issued a DTA or DTC before beginning employment.

APPLICATION OF REINSTATEMENT:

If you are applying for reinstatement, see Section 4 of 201 KAR 20:470 and the application. Your application for reinstatement, if you are not enrolled into the training program, must be processed before returning to work as a DT.

The scope of practice of the dialysis technician is listed in 201 KAR 20:470, Section 5, as follows:

Section 5. Scope of Practice.

- (1) The scope of practice of a dialysis technician shall include the following and shall be performed under the direct, on-site supervision of a registered nurse or a physician:
 - (a) Preparation and cannulation of peripheral access sites (arterial-venous fistulas and arterial-venous grafts);
 - (b) Initiating, delivering or discontinuing dialysis care;
 - (c) Administration of the following medications only:
 - 1. Heparin 1:1000 units or less concentration either to prime the pump, initiate treatment, or for administration throughout the treatment, in an amount prescribed by a physician, physician's assistant or advanced practice registered nurse. The dialysis technician shall not administer heparin in concentrations greater than 1:1000 units.
 - 2. Normal saline via the dialysis machine to correct dialysis-induced hypotension based on the facility's medical protocol. Amounts beyond that established in the facility's medical protocol shall not be administered without direction from a registered nurse or a physician.
 - 3. Intradermal lidocaine, in an amount prescribed by a physician, physician's assistant, or advanced practice registered nurse;
 - (d) Assistance to the registered nurse in data collection;
 - (e) Obtaining a blood specimen via a dialysis line or a peripheral access site;

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- (f) Responding to complications that arise in conjunction with dialysis care; and
- (g) Performance of other acts as delegated by the registered nurse pursuant to 201 KAR 20:400.

(2) The scope of practice of a dialysis technician shall not include:

- (a) Dialysis care for a patient whose condition is determined by the registered nurse to be critical, fluctuating, unstable, or unpredictable;
- (b) The connection and disconnection of patients from, and the site care and catheter port preparation of, percutaneously or surgically inserted central venous catheters; and
- (c) The administration of blood and blood products.

A copy of the administrative regulation may be obtained from the KBN website at <http://kbn.ky.gov>.

Should you have additional questions, please contact Richelle Livers at the Board office at 502-429-7180.

06/12/2002, 10/04, 11/10, 5/11, 3/12

APPLICATION FOR DIALYSIS TECHNICIAN CREDENTIAL

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

Office Use Only

☐ \$70 ☐ \$95 ☐ \$100
☐ No Money

05/10

Should you have questions regarding any section of the application, please contact the Kentucky Board of Nursing (KBN) office.
Print clearly, using capital letters and black ink, and check the appropriate boxes.

Section 1: Biographical Data

Using capital letters, clearly print your name, address, and all other information requested. 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 KBN office in writing of any subsequent legal name change and of any address change.

Last Name (print clearly)

First Name (print clearly) M.I.

Maiden Name (print clearly)

Address Line 1 (print clearly)

Address Line 2 (print clearly)

City (print clearly) State Zip Code (print clearly)

County of Residence (print clearly) ☐ Male ☐ Female

Daytime Phone Number (print clearly) Home Phone Number (print clearly)

Email Address (print clearly)

Section 2: Social Security Number and Date of Birth

Social Security # (print clearly) _____
Date of Birth

Section 3: Method of Application

The fee must be included. The application fee is non-refundable.

Select one of the following by checking the appropriate box:

☐ Applying for Initial DT Credential (\$70) ☐ Applying for Reinstatement of a DT Credential (\$100)

Section 4: Checklist for Competency Validation

A) Out of State Training: Form must be completed after you become a DT Applicant by filling out an Application for Dialysis Technician Credential and after your immediate supervisor has had an opportunity to evaluate your competency.

B) Reinstatement: Form must be completed and attached to the Application for Dialysis Technician Credential if your previous credential has lapsed for more than 2 years. This form may be signed by either your supervisor or DT program faculty.

The checklist has been completed and is attached? ☐ Yes ☐ No

APPLICATION FOR DIALYSIS TECHNICIAN CREDENTIAL (CONT.)

Social Security # (print clearly)

Section 5: DT Educational Program Information

Have you completed a KBN-approved Dialysis Technician training program? ☐ Yes ☐ No

If No, are you currently enrolled in a training program? ☐ Yes ☐ No

Office Use Only
Program Code

Program Name (print clearly)

Program Address Line 1 (print clearly)

Program Address Line 2 (print clearly)

City (print clearly)

State

Zip Code (print clearly)

Month & Year Enrolled (print clearly)

Month & Year Completed (or Scheduled to be Completed)

Note: If you have completed a training program, then you must send a copy of your program certificate of completion with this application. If the training you attended was not located in Kentucky, you must show proof of having completed a dialysis training program, and submit the content of the program for review.

Section 6: Current Employment Information

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

Current Employer (print clearly)

Employer Address Line 1 (print clearly)

Employer Address Line 2 (print clearly)

City (print clearly)

State

Zip Code (print clearly)

Title of Your Current Position (print clearly)

Date of Employment (print clearly)


County of Employment (print clearly)

Employer Phone Number (print clearly)

A criminal history search may be completed on applicants for DT credentialing. Failure to report any criminal activity is deemed to be falsification of the application and is subject to disciplinary action by KBN.

- 1. Have you ever been placed on a nurse aide abuse registry in any state(s)?**
If yes, please include a letter of detailed explanation. ☐ Yes ☐ No
- 2. Have you been convicted of a misdemeanor or felony in any state(s)?**
If yes, you must send to the Board office a copy of the court record certified by the court, and a letter of explanation. Any conviction must be reported except for traffic-related misdemeanors (other than DUI) or misdemeanors older than five (5) years. ☐ Yes ☐ No
- 3. Do you hold any professional or business license(s) in any state? _____**
If yes, list the licenses you hold; use the back of this application if additional space is needed. ☐ Yes ☐ No
- 4. Has/Have your professional business license(s) ever been subject to disciplinary action in any state(s)?**
If yes, you must report it to KBN and submit a letter of detailed explanation. ☐ Yes ☐ No

Complete this section ONLY if you are reinstating a previously issued Kentucky DT credential. You may not be employed as a Dialysis Technician until your credential is reinstated.

Note: If your credential has lapsed for more than 2 years, you may be employed as a DT Trainee and must complete a Board-approved training program and submit a certificate of completion. As stated in Section 4, you must also submit a “Checklist for Dialysis Technician Competency Validation” form signed by your immediate supervisor once you have completed the training program. The form may be obtained from the KBN website (kbn.ky.gov).

I certify that I am the person referred to in the foregoing application for licensure in Kentucky; that I am not in default of a student loan or I am in repayment status of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA), 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 further understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action.

_____ / _____ / _____

Date _____