# Kentucky Board of Medical Imaging and Radiation Therapy

*42 Fountain Place*
*Frankfort, KY 40601*
*Phone: (502)782-5687*

**KBMIRT**
KENTUCKY BOARD OF MEDICAL IMAGING
& RADIATION THERAPY

## License Renewal Application- Medical Imaging or Radiation Therapy

### Licensee Information

Full Name: _____  Date:_____

     *Last*         *First*         *M.I.*

Address: _____

     *Street Address*         *Apartment/Unit #*

_____

     *City*         *State*     *ZIP Code*

Phone: _____  Email: _____

KY License Number: _____  Date of Birth: _____

     *Month*     *Day*     *Year*

### Fees-Annual

**Medical Imaging or Radiation Therapy License**

☐ **Radiography**................................................................................................................ $50.00
    (Graduate of JRCERT Accredited Program and ARRT Registered)

☐ **Nuclear Medicine** ……………………………………………………………………… $50.00
    (Graduate of JRCNMT Accredited Program and ARRT or NMTCB Registered)

☐ **Radiation Therapist**………………………………………………………………………….. $50.00
    (Graduate of JRCERT Accredited Program and ARRT Registered)

☐ **Radiologist Assistant**……………………………………………………………….……$50.00
    (Graduate of a JRCERT Accredited Radiography Program and ARRT Registered)

☐ **Nuclear Medicine Advanced Associate**………………………………………………..$50.00
    (Graduate of a JRCNMT Accredited Nuclear Medicine Program and NMTCB Registered)

*Payments can be made online at http://kbmirt.ky.gov or by submitting check or money order payable to: The Kentucky State Treasurer.*

### CE Attestation

**If licensee is completing continuing education biennium, pursuant to 201 KAR 46:060 licensee is required "to complete twenty four (24) continuing education hours per biennium."**

☐ **As a licensee, pursuant to 201 KAR 40:060, I have completed the required continuing education hours.**

☐ **As a licensee, pursuant to 201 KAR 40:060, I am not at the end of my biennium and do not need to complete continuing education for this renewal.**

*It is the responsibility of the licensee to maintain all continuing education documentation for current and prior biennium and submit documentation if selected for continuing education audit.*

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3/2015

## Disclaimer and Signature

*All licensees please read and sign/date the statement below. All license renewal forms will be null and void unless properly signed and dated.*

I hereby submit this renewal from and attest to the authenticity and accuracy of the form and all information contained herein. I further understand that if any information contained in this application or supporting documents submitted on my behalf, is determined to be false or misleading, this may be cause for denial, revocation or suspension of any license pursuant to this application and criminal prosecution and punishment.

Signature of Applicant: _____ Date: _____

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