**COMMONWEALTH OF KENTUCKY**

**BOARD OF MEDICAL IMAGING & RADIATION THERAPY**

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**FOR RADIATION OPERATOR LICENSE RENEWALS**

**Renewal fee $35.00.**

Please submit your renewals by check or money order. Make checks payable to KY State Treasurer.

Mail To:

Board of Medical Imaging & Radiation Therapy

42 Fountain Place

Frankfort, KY 40601

So not to delay the renewal process, you should submit 24 hours of continuing education for a general license or 12 hours of continuing education for a limited license with your renewal. If you need to contact us the phone # is 502-782-5687.

Please print this form and submit with your renewal fee.

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| Full Name: | Kentucky License:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |  | |  | |  | |  | |
|  | | Last | | First | | M.I. | |  | |  | |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |

### Home or cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

### Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Month Day Year