



Kentucky Board of Medical Imaging and Radiation Therapy

125 Holmes Street, Suite 320
 Frankfort, KY 40601
 Phone: (502)782-5687

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 Radiation License Number: _____ Date of Birth: _____
Month Day Year

Fees-Annual

Medical Imaging or Radiation Therapy License (if selecting more than one below, only one fee is required) :

- Radiography..... \$50.00
- Nuclear Medicine \$50.00
- Radiation Therapist..... \$50.00
- Radiologist Assistant.....\$50.00
- Nuclear Medicine Advanced Associate.....\$50.00

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.

Employment Information

Current Employer: _____

Address: _____
Street Address

City

State

ZIP Code

Phone: () - Business email: _____

I am not currently employed as a medical imaging technologist or radiation therapist.

Eligibility

Have you been convicted of a felony or a misdemeanor since your last renewal involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty under the laws of any state or the United States [per KRS 311B.150 (4)(a)]?

Yes No

If yes, please explain (attach court documents):

Has your license in another state(s) been denied, suspended, revoked, or otherwise disciplined since your last renewal?

Yes No Not applicable

If yes, please explain _____

Is your ARRT or NMTCB certification or registration currently valid and active? Yes No

Has your registration or certification with the ARRT or NMTCB been reprimanded, revoked, or otherwise disciplined since your last renewal? Yes No

If yes, please explain _____

Pursuant to KRS 12.245, are you a United States military service member or veteran? Yes No

Disclaimer and Signature

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

I hereby submit this complete renewal form and attest to its authenticity and the accuracy of the form and all information contained herein. I further understand that if any information contained in this application or the 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: _____