



# Kentucky Board of Medical Imaging and Radiation Therapy

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

For Office Use Only:

## License Application- Medical Imaging or Radiation Therapy

### Applicant Information

Application for (select one): ☐ Initial License ☐ Reinstatement of Expired License (more than 12 mos)

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

City State ZIP Code

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Month Day Year

### Fees

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

- ☐ Radiography..... \$100.00  
☐ Nuclear Medicine ..... \$100.00  
☐ Radiation Therapist..... \$100.00  
☐ Radiologist Assistant.....\$100.00  
☐ Nuclear Medicine Advanced Associate.....\$100.00

*Payments can be made by check or money order payable to: The Kentucky State Treasurer.*

In addition to the application fee, please include the following, if applicable:

- ☐ Reinstatement Fee..... \$100.00

### Eligibility

Have you been convicted of a felony? ☐ Yes ☐ No If yes, please explain \_\_\_\_\_

Have you previously been issued a license in another state(s)? ☐ Yes ☐ No If yes, please provide the following:

State: \_\_\_\_\_ License Number: \_\_\_\_\_

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Has your license in another state(s) been denied, suspended, revoked, or otherwise disciplined? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

Has your registration or certification with the ARRT or NMTCB ever been sanctioned, suspended, revoked or otherwise disciplined? ☐ Yes ☐ No

If yes, please explain \_\_\_\_\_

How many years of work experience do you have in medical imaging or radiation therapy? \_\_\_\_\_

Pursuant to KRS 12.245, are you a member of the United States military, Reserves, or National Guard, or his or her spouse, or a veteran, or the spouse of a veteran? ☐ Yes ☐ No

Pursuant to KRS 311B.140, are you active duty in the United States Armed Forces? ☐ Yes\* ☐ No

*\*If yes, please submit proof of active duty status, and licensure fees shall be waived.*

## Employment Information

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street, Road, or Box No.)

City State Zip Code

Work Telephone Number: \_\_\_\_\_ Work Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ Title: \_\_\_\_\_

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

If you are on a travel assignment within the Commonwealth of Kentucky, please include your temporary employment information:

☐ **Not applicable**

Place of Temporary Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
(Street, Road, or Box No.)

City State Zip Code

Work Telephone Number: \_\_\_\_\_ Work Email: \_\_\_\_\_

Start Date: \_\_\_\_\_ Title: \_\_\_\_\_

## Education Information

Please provide information about the educational program(s) where you received your medical imaging or radiation therapy education.

Select one:

☐ Radiography   ☐ Nuclear Medicine   ☐ Radiation Therapist   ☐ Radiologist Assistant   ☐ Nuc Med Advanced Associate

Name of educational institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

Additional educational information:

☐ Not applicable

☐ Radiography   ☐ Nuclear Medicine   ☐ Radiation Therapist   ☐ Radiologist Assistant   ☐ Nuc Med Advanced Associate

Name of educational institution: \_\_\_\_\_

Address: \_\_\_\_\_

Date of graduation: \_\_\_\_\_

## Required Documents

Please submit the following documentations with your application:

- ☐ Verification of graduation from education program(s) listed above;
- ☐ A copy of your ARRT or NMTCB certification;
- ☐ A copy of your government issued photo identification; and
- ☐ Results of criminal background check

*Pursuant to 201 KAR 46:040 applicants are required to submit "results of criminal background check completed within the past six (6) months in state of residence and employment and any other states of residence or employment within past five (5) years."*

If you are applying for reinstatement of an expired license, in addition to the documents listed above, also submit the following:

- ☐ KBMIRT Form 8 that documents twenty-four (24) hours of approved continuing education

## Disclaimer and Signature

*All applicants please read, sign, and date the statement below. All applications will be null and void unless properly signed and dated.*

I hereby submit this complete application and supporting documents and attest to its authenticity and the accuracy of the application 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: \_\_\_\_\_

## Applying for Your Initial Kentucky Radiation License:

1. Download [Initial License Application](#)
2. Complete application, assure that each question is answered, each section is complete and that the application is signed and dated. Mail complete application to address listed at top of application; at this time, there is not a process for submitting the initial application electronically.
3. Page 3 of application lists the documents required to be submitted with application:
  - Verification of graduation from medical imaging and radiation therapy education program(s) completed; applicants may submit a copy of their diploma or transcripts, however, the documentation must include the type of program and date of completion (i.e. diploma with "Associates of Science" cannot be accepted unless it further states "Radiologic Technology")
  - A copy of your ARRT or NMTCB certification; applicants may submit a copy of their initial recognition certificate, an official verification from the organization, or a copy of their current wallet card, if available. Regardless, the certification number should be included.
  - A copy of your government issued photo identification; applicants may submit a legible copy of their current driver's license, US Passport, or any other government issued photo ID.
  - Results of criminal background check completed within six (6) months of the application; as part of the application process, you will need to submit a criminal background report for any state that you have lived in or worked in within the past five (5) years. A nationwide criminal background check would also meet requirements. Please note, results that only provide county or city background check will not suffice. The Board does not have specific requirements as to where you obtain the background check. If you have a prospective employer in Kentucky or are working with a travel agency, they may be able to provide you with the background report.  
If you have only lived/worked in Kentucky in the past 5 years, you may obtain a Kentucky background check through [Kentucky Court of Justice](#) or [Kentucky State Police](#).  
At this time, the Board does not have an agreement with IdentoGO; and, therefore, cannot retrieve reports from this organization.
  - Check or money order written to the Kentucky State Treasurer for initial license and application fee (\$100); if applying for more than one discipline, only one fee is required.
4. A few reminders to avoid any delays in processing:
  - **IF YOUR NAME IS DIFFERENT** on any of the information you submit, include legal documentation of the reason for name change (i.e. marriage license/certificate, divorce decree, legal name change document, etc)
  - **DO NOT** staple application documents
  - **ONLY** submit documents that are printed single side on 8 ½ x 11 paper, not front/back
  - **PLEASE** submit documents in a large manila envelope, avoiding folding documents
  - **DO NOT** fold each paper individually
  - **ASSURE** your form of payment (check or money order) is included
5. Once a complete application is received by KBMIRT office, processing may take up to two (2) weeks, although, under certain circumstances, processing can take longer. It is best to apply for the license well ahead of employment start date. Applications are processed in the order in which they are received; there is no process for expediting an application.

**THE SUBMISSION OF AN APPLICATION TO PRACTICE MEDICAL IMAGING OR RADIATION THERAPY IN KENTUCKY DOES NOT AUTHORIZE YOU TO PRACTICE; YOU MUST HOLD A CURRENT AND ACTIVE RADIATION LICENSE PRIOR TO PRACTICING MEDICAL IMAGING OR RADIATION THERAPY IN ACCORDANCE WITH [KRS CHAPTER 311B](#).**