



# Kentucky Board of Medical Imaging and Radiation Therapy

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

For Office Use Only:

## Limited X-Ray Machine Operator License Application

### 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

Limited X-Ray Machine Operator License (if selecting more than one license type below, only one fee is required):

- General (Kentucky)..... \$100.00
- Podiatry (Kentucky)..... \$100.00
- Bone Densitometry (Kentucky)..... \$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 ever been convicted of a felony?  Yes  No If yes, please explain (attach court documents): \_\_\_\_\_

Have you previously been issued any type of medical imaging license in another state?  Yes  No  
 If yes, what state: \_\_\_\_\_ License Number: \_\_\_\_\_

Has your license in another state(s) been denied, suspended, revoked, or otherwise disciplined?  Yes  No  
 If yes, please explain \_\_\_\_\_

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: \_\_\_\_\_

A. Are any medical imaging examinations that utilize contrast media (e.g. GI series, IVP, CT, MRI, etc.) performed at your place of employment?

Yes  No

B. Are any of the following performed at your place of employment:

Yes  No Mammography

Yes  No CT

Yes  No MRI

Yes  No Bedside Radiography

Yes  No Nuclear Medicine

Yes  No PET

Yes  No Radiation Therapy

I am not currently employed as a Limited X-ray Machine Operator.

**Education Information**

Please provide information about the education completed for Limited X-ray Machine Operators:

Name of Educational Institution: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Date of Completion: \_\_\_\_\_

## Required Documents

Please submit the following documentations with your application:

- Verification of graduation from education program(s) listed above;
- A copy of passing results of limited scope radiography examination;
- 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."*

## 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: \_\_\_\_\_