



Kentucky Board of Medical Imaging and Radiation Therapy

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

Provisional License Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ City State ZIP Code

Phone: _____ Email: _____

Ky License: _____ Date of Birth: _____
Month Day Year

Fees

Provisional License ***VALID FOR TWO YEARS***

****Must maintain active medical imaging or radiation therapy license.***

Provisional License..... \$50.00
(Must provide documentation of progress to renew)

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

Employment Information

Place of Employment: _____

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

_____ City State Zip Code

Work Phone Number: _____

Clinical Facility Information

Facility Name: _____

Facility Address: _____
(Street, Road, or Box No.)

_____ City State Zip Code

Kentucky Radiation Producing Machine Registration Number (if applicable): _____

Kentucky Radioactive Material License Number (if applicable): _____

Direct Supervision Information

Computed Tomography (CT)

Name of supervising CT technologist (must be registered in CT): _____

Supervising CT Technologist ARRT number: _____

Supervising CT Technologist Kentucky License number: _____

Contact phone number for supervising CT Technologist: _____

Positron Emission Tomography (PET)

Name of approving authorized user: _____

Name of supervising PET technologist (must be registered in PET): _____

Supervising PET Technologist NMTCB number: _____

Supervising PET Technologist Kentucky License number: _____

Contact phone number for supervising PET Technologist: _____

Disclaimer and Signature

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

I hereby submit this application and supporting documents and attest to the authenticity and accuracy of the application 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: _____