



Kentucky Board of Medical Imaging and Radiation Therapy

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

Licensee Continuing Education Documentation

Licensee Information

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

Kentucky License: _____

CE Documentation

A medical imaging or radiation therapy licensee is required by 201 KAR 46:060 to complete twenty four (24) continuing education hours per biennium. A Limited X-Ray Machine Operator is required by 201 KAR 46:081 to complete twelve (12) continuing education hours per biennium in which six (6) hours must be in radiation safety or medical imaging. Please complete the following sections to document continuing education. Any required * section left incomplete will result in no credit for that continuing education course.

Reference Number*	Course Title*	Date Course Completed*	Credit Hours*

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**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.*

Disclaimer and Signature

All licensees please read and sign/date the statement below. All Continuing Education forms will be null and void unless properly signed and dated.

I hereby submit this continuing education documentation from and attest to the authenticity and accuracy of the form 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: _____