



# Kentucky Board of Medical Imaging and Radiation Therapy

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

## Continuing Education Program Approval Request Form

### Continuing Education Sponsor Information

CE Sponsor's Name (Facility): \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

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

Method of Confirming Attendance:

Sign-in Sheet(s):     At the beginning of program     At the end of program

Electronic Attendance Monitoring

Attendance Verifier: \_\_\_\_\_

Name

Title

Email Address

### Continuing Education Program Information

Program Title: \_\_\_\_\_

Speaker Name & Credentials: \_\_\_\_\_

Location of Program (Facility Name): \_\_\_\_\_

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

Street

City, State, Zip

Date(s) of Program: \_\_\_\_\_

Time(s) of Program: \_\_\_\_\_

Length of Instruction (minutes): \_\_\_\_\_

Type of Instruction:

Instructor Present (Live Program)

Instructor Not Present or Available (Self-study)

### Required Documents

The following documents are required for submission:

Program Summary

Program Objectives

Program Outline

CE Certificate (please include sample)

Curriculum Vita for Speaker

#### FOR OFFICE USE ONLY

Does NOT qualify for credit

Qualifies for \_\_\_\_\_ KCE CREDITS

KY APPROVAL # \_\_\_\_\_

Approval begin date \_\_\_\_\_ Approval end date \_\_\_\_\_

\_\_\_\_\_  
Executive Director, KBMIRT

CE Sponsor Fee:

Annual Fee Submitted on \_\_\_\_\_ and valid through \_\_\_\_\_.

Fee per program submitted on \_\_\_\_\_.