



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 Program Information

Program Title: _____

Instructor/Credentials: _____

Please attach the following:

- Program Summary/Description
- Program Objectives
- Program Outline

Type of Instruction:

- Instructor Present (Live Program)
- Instructor Not Present or Available (Self-study)

Date(s) of Program: _____ Length of Instruction: _____

Attendance Verifier: _____

Program Sponsor: _____

FOR OFFICE USE ONLY

- Qualifies for _____ KCE CREDITS of:
 - Directly Related Material
 - Self Study (Independent Study)
- Does NOT qualify for credit

Executive Director, KBMIRT

KY APPROVAL # _____

APPROVAL BEGIN DATE _____ APPROVAL END DATE _____