



# Kentucky Board of Medical Imaging and Radiation Therapy

42 Fountain Place  
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: \_\_\_\_\_