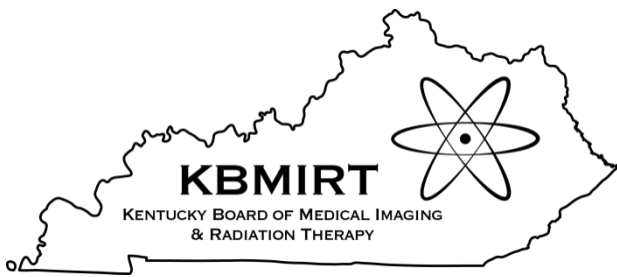


Applying for the Reinstatement of Your Kentucky Radiation License:

1. Download [Reinstatement Application](#) (if license has been expired for less than 12 months)
2. Complete application, assure that each question is answered, each section is complete and that the application is signed and dated. Mail complete application to address listed at top of application; or email as PDF attachment to kbmirt@ky.gov.
3. Submit with application:
 - Proof of current ARRT or NMTCB certification; an official verification from the organization. Please include the certification number.
 - [KBMIRT Form 8](#) that documents twenty-four (24) hours of approved continuing education; this form should document the continuing education that you submitted for your most recently completed CE Biennium.
 - Check or money order written to Kentucky State Treasurer for the renewal & reinstatement fees (\$150 total); or you may pay the fees via the Licensee Portal.
4. A few reminders to avoid delays in processing:
 - **IF YOUR NAME IS DIFFERENT** on any of the information you submit, include legal documentation of the reason for name change (i.e. marriage license/certificate, divorce decree, legal name change document, etc)
 - **DO NOT** staple application documents, if mailing
 - **ONLY** submit documents that are printed single side on 8 ½ x 11 paper, not front/back, if mailing
 - **PLEASE** submit documents in a large manila envelope, avoiding folding documents, if mailing
 - **DO NOT** fold each paper individually, if mailing
 - **ASSURE** your form of payment (check or money order) is included, if mailing
5. Once a complete application is received by KBMIRT office, processing may take up to two (2) weeks, although, in certain circumstances, processing can take longer. Applications are processed in the order in which they are received; there is no process for expediting an application.

THE SUBMISSION OF AN APPLICATION TO PRACTICE MEDICAL IMAGING OR RADIATION THERAPY IN KENTUCKY DOES NOT AUTHORIZE YOU TO PRACTICE; YOU MUST HOLD A CURRENT AND ACTIVE RADIATION LICENSE PRIOR TO PRACTICING MEDICAL IMAGING OR RADIATION THERAPY IN ACCORDANCE WITH [KRS CHAPTER 311B](#).



Kentucky Board of Medical Imaging and Radiation Therapy

2365 Harrodsburg Rd, Suite A220
Lexington, KY 40504
Phone: (502)782-5687

License Renewal Application- Medical Imaging or Radiation Therapy

Licensee Information

Application for (select one): License Renewal Reinstatement of Lapsed License (less than 12 mos)

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

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

KY Radiation License Number: _____ Date of Birth: _____
Month Day Year

Fees-Annual

Medical Imaging or Radiation Therapy License (if selecting more than one discipline below, only one fee is required):

- Radiography..... \$50.00
- Nuclear Medicine \$50.00
- Radiation Therapist..... \$50.00
- Radiologist Assistant..... \$50.00
- Nuclear Medicine Advanced Associate..... \$50.00

Payments can be made online during your renewal cycle at <https://kbmirt.ky.gov> or by submitting check or money order payable to: The Kentucky State Treasurer.

In addition to the application fee, please include the following, if applicable:

- Reinstatement Fee..... \$100.00

CE Attestation

If licensee is completing continuing education biennium, pursuant to 201 KAR 46:060 licensee is required “to complete twenty four (24) continuing education hours per biennium.”

- As a licensee, pursuant to 201 KAR 40:060, I have completed the required continuing education hours.
- As a licensee, pursuant to 201 KAR 40:060, I am not at the end of my biennium and do not need to complete continuing education for this renewal.

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.

Employment Information

Current Employer: _____

Address: _____

Street Address

City

State

Zip Code

Phone: _____ Business Email: _____

Start Date: _____ Title: _____

I am not currently employed as a medical imaging technologist or radiation therapist.

Eligibility

Have you been convicted of a felony or a misdemeanor since your last renewal involving drugs, alcohol, fraud, deceit, falsification of records, a breach of trust, physical harm or endangerment to others, or dishonesty under the laws of any state or the United States [per KRS 311B.150 (4)(a)]? Yes No

If yes, please explain (attach court documents): _____

Has your license in another state(s) been denied, suspended, revoked, or otherwise disciplined since your last renewal?
 Yes No Not applicable

If yes, please explain _____

Is your ARRT or NMTCB certification or registration currently valid and active? Yes No

Has your registration or certification with the ARRT or NMTCB been sanctioned, reprimanded, revoked, placed on probation, or otherwise disciplined since your last renewal? Yes No

If yes, please explain _____

Have you entered into an "Alternative Disposition Agreement" with the ARRT regarding a violation of the ARRT Rules and Regulations or Standards of Ethics since your last renewal? Yes No

If yes, please explain (attach copy of the agreement): _____

Pursuant to KRS 12.245, are you a member of the United States military, Reserves, or National Guard, or his or her spouse, or a veteran, or the spouse of a veteran? Yes No

Pursuant to KRS 311B.140, are you active duty in the United States Armed Forces? Yes* No

**If yes, please submit proof of active duty status, and licensure fees shall be waived.*

If you are applying for reinstatement of a lapsed license, please answer the following:

Have you practiced as a medical imaging technologist or radiation therapist in Kentucky prior to being issued a license? (e.g. engaged or attempted to engage in the operation of radiation-producing equipment or the administration of ionizing radiation for the purpose of medical imaging or radiation therapy, manipulated equipment that produces ionizing radiation, or administered radiopharmaceuticals in Kentucky)? Yes No

Disclaimer and Signature

All licensees please read, sign, and date the statement below. All license renewal forms will be null and void unless properly signed and dated.

I hereby submit this complete renewal form and attest to its authenticity and the accuracy of the form and all information contained herein. I further understand that if any information contained in this application or the 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: _____