



Kentucky Board of Medical Imaging and Radiation Therapy

125 Holmes Street, Suite 320
Frankfort, KY 40601
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 <http://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: _____

☐ 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 reprimanded, revoked, or otherwise disciplined since your last renewal? ☐ Yes ☐ No

If yes, please explain _____

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.*

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: _____

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; at this time, there is not a process for submitting the reinstatement application electronically.
3. Submit with application:
 - Proof of current ARRT or NMTCB certification; an official verification from the organization or a copy of your current wallet card, if available. Regardless, the certification number should be included.
 - [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)
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
 - **ONLY** submit documents that are printed single side on 8 ½ x 11 paper, not front/back
 - **PLEASE** submit documents in a large manila envelope, avoiding folding documents
 - **DO NOT** fold each paper individually
 - **ASSURE** your form of payment (check or money order) is included
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](#).