



# Kentucky Board of Medical Imaging and Radiation Therapy

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

## Provisional License Application

### Direct Supervision Information

Computed Tomography (CT)

Supervising technologist registered by:  ARRT (CT)  NMTCB (CT)

Name of supervising CT technologist: \_\_\_\_\_

Supervising CT Technologist ARRT or NMTCB 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: \_\_\_\_\_

Signature of Supervising Technologist \_\_\_\_\_ Date: \_\_\_\_\_