

Licensee Information

Kentucky Board of Medical Imaging and Radiation Therapy

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

Licensee Continuing Education Documentation

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Disclaimer and Si	gnature			
All licensees please unless properly signe	read and sign/date the statement below. All ed and dated.	Continuing Edu	cation forms will b	e null and void
form and all informat or supporting docum	continuing education documentation from and ion contained herein. I further understand the ents submitted on my behalf, is determined to suspension of any license pursuant to this a	at if any informa o be false or mis	ition contained in sleading, this may	this application be cause for

Signature of Applicant: _____ Date: ____