



Kentucky Board of Medical Imaging and Radiation Therapy

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

Continuing Education Program Approval Request Form

Continuing Education Sponsor Information

CE Sponsor's Name (Facility): _____

Coordinator's Name: _____

Phone: _____ Email: _____

Method of Confirming Attendance:

Sign-in Sheet(s): At the beginning of program At the end of program

Electronic Attendance Monitoring

Attendance Verifier: _____
Name Title Email Address

Continuing Education Program Information

Program Title: _____

Speaker Name & Credentials: _____

Location of Program (Facility Name): _____

Address: _____
Street City, State, Zip

Date(s) of Program: _____

Time(s) of Program: _____

Length of Instruction (minutes): _____

Type of Instruction:

Instructor Present (Live Program)

Instructor Not Present or Available (Self-study)

Required Documents

The following documents are required for submission:

Program Summary

Program Objectives

Program Outline

CE Certificate (please include sample)

Curriculum Vita for Speaker

FOR OFFICE USE ONLY

Does NOT qualify for credit

Qualifies for _____ KCE CREDITS

KY APPROVAL # _____

Approval begin date _____ Approval end date _____

Executive Director, KBMIRT

CE Sponsor Fee:

Annual Fee Submitted on _____ and valid through _____.

Fee per program submitted on _____.