



Kentucky Board of Medical Imaging and Radiation Therapy

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

For Office Use Only:

Temporary License Application - Student Radiography

Applicant Information

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security Number _____ - _____ - _____ Date of Birth: _____
Month Day Year

Fees

Student Radiography Temporary License *NON RENEWABLE*

Enrolled in accredited radiography program.....\$50.00

Payments can be made by check or money order payable to: The Kentucky State Treasurer.

Eligibility

Have you been convicted of a felony? Yes No If yes, please explain _____

Have you previously applied for a Kentucky Medical Imaging or Radiation Therapy License? Yes No

If yes, Date: _____ Name applied under: _____

Have you previously been issued a license in another state(s)? Yes No If yes, please provide the following:

State: _____ License Number: _____

State: _____ License Number: _____

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.*

Employment Information

Place of Employment: _____

Business Address: _____
(Street, Road, or Box No.)

City _____ State _____ Zip Code _____

Start Date: _____ Title: _____

Work Telephone Number: _____

Manager's Name: _____ Manager's Email: _____

Education Information

Please provide information about the radiography educational program where you are enrolled:

Name of educational institution: _____

Address: _____

Expected date of program completion: _____

Program Director Name: _____ Email: _____

Required Documents

The following documentation are required to complete your application:

- Verification of Student Status form;
- Employer Acknowledgement form;
- Official transcript sent directly from educational institution documenting academic progress;
- A copy of your government issued photo identification; and
- Results of criminal background check

Pursuant to 201 KAR 46:045 applicants are required to submit "results of criminal background check completed within the past six (6) months in state of residence and employment and any other states of residence or employment within past five (5) years."

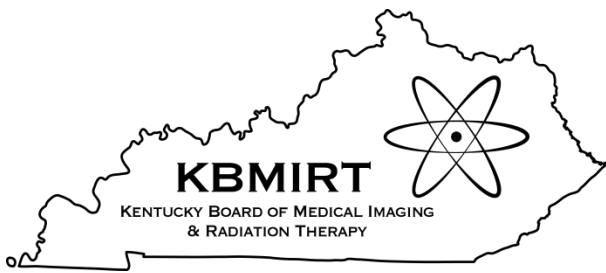
Disclaimer and Signature

All applicants please read, sign, and date the statement below. All applications will be null and void unless properly signed and dated.

I have read and fully understand the limitations of the Temporary Student Radiography license, pursuant to 201 KAR 46:045, and further acknowledge that I shall notify the board immediately if I fail to maintain continuous enrollment, or if I am suspended, dismissed, or withdraw from the educational program.

I hereby submit this complete application and supporting documents and attest to its authenticity and the accuracy of the application 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: _____



Kentucky Board of Medical Imaging and Radiation Therapy

2365 Harrodsburg Rd, Suite A220
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 kbmirt@ky.gov

For Office Use Only:

Temporary License Application- Student Radiography Verification of Student Status

Applicant Information

Applicant Full Name: _____
Last *First* *M.I.*

Social Security Number _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month *Day* *Year*

Education Information

PROGRAM DIRECTOR: Please complete the portion below and submit via email to KBMIRT@ky.gov

Name of educational institution: _____

Address: _____
Street Address *City* *State* *Zip*

Type of program: Associates Bachelors Anticipated Date of Completion: _____

Number of Credit Hours Required for Completion: _____

Number of Credit Hours Completed by Student: _____

Is the student in good standing with the educational institution: Yes No If no, please explain: _____

In accordance with 201 KAR 46:045 the applicant shall have completed at least fifty percent (50%) of the program with clinical experience in varied imaging procedures as endorsed by the program director. Please indicate, by signature, which areas the applicant has obtained documented clinical competency for static x-rays:

- _____ Chest, Ribs, and Thorax
- _____ Upper Extremities
- _____ Lower Extremities
- _____ Spine and Pelvis
- _____ Abdomen

Comments: _____

By signing below, the program director attests to the accuracy and authenticity of the information above. The program director further certifies that the student has successfully completed at least fifty percent (50%) of the educational program and has demonstrated clinical competence in varied clinical procedures. Additionally, the program director agrees to promptly notify the board of any changes in the student's academic status.

Name of Program Director: _____ Title: _____

Telephone Number: _____ Email Address: _____

Program Director's Signature

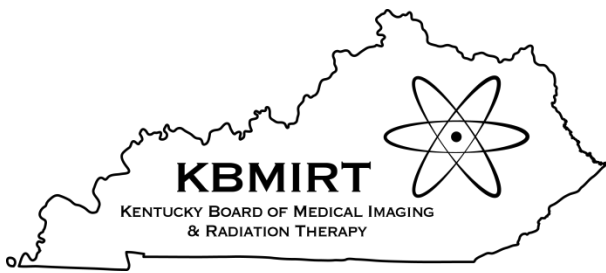
Date

Student Disclaimer and Signature

APPLICANT: Sign and date the certification and authorization for release of information.

I authorize school/program officials to release the information requested to the Kentucky Board of Medical Imaging and Radiation Therapy for the purpose of determining eligibility for the temporary student radiography license.

Signature of Applicant: _____ Date: _____



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For Office Use Only:

Temporary License Application- Student Radiography Employer Acknowledgement

Applicant Information

Applicant Full Name: _____
Last First M.I.

Social Security Number _____ - _____ - _____ Date of Birth: _____ / _____ / _____
Month Day Year

Employment Information

EMPLOYEE'S MANAGER / DIRECTOR: Please complete the portion below and submit via email to KBMIRT@ky.gov

Place of Employment: _____

Business Address: _____
Street Address City State Zip

Manager's Name: _____ Manager's Email: _____

Title of Position: _____ Anticipated Start Date: _____

Type of employment: Full-Time Part-Time PRN

By signing below, the employer attests to the accuracy and authenticity of the information above. The employer further certifies that they have read and fully understand the restrictions on the temporary student radiography license, as provided in 201 KAR 46:045; and certifies that a licensed radiographer will provide supervision throughout employment.

Manager's Signature Date

Student Disclaimer and Signature

APPLICANT: Sign and date the certification and authorization for release of information.

I authorize my employer to release the information requested to the Kentucky Board of Medical Imaging and Radiation Therapy for the purpose of determining eligibility for the temporary student radiography license.

Signature of Applicant: _____ Date: _____

201 KAR 46:045. Temporary license application for medical imaging technologists, advanced imaging professionals, radiographers, nuclear medicine technologists, radiation therapists, and student radiographers.

RELATES TO: KRS 311B.050, 311B.100(2), 311B.120, 311B.180, 311B.190

STATUTORY AUTHORITY: KRS 311B.010, 311B.050, 311B.100(2)

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.
NECESSITY, FUNCTION, AND CONFORMITY: KRS 311B.050 requires the Board of Medical Imaging and Radiation Therapy to promulgate administrative regulations to administer and enforce KRS Chapter 311B and to regulate the licensure of medical imaging technologists, advanced imaging professionals, radiographers, nuclear medicine technologists, and radiation therapists other than a licensed practitioner of the healing arts. KRS 311B.100(2) requires the board to establish licensure qualifications. This administrative regulation establishes procedures for the temporary licensure of medical imaging technologists, advanced imaging professionals, radiographers, nuclear medicine technologists, and radiation therapists who are eligible to apply for the appropriate national board exam, procedures for the temporary licensure of student radiographers, and limitations on temporary licensure, including clarifications.

Section 1. Eligibility.

- (1) A person shall be eligible for a Temporary License if the person:
 - (a) Has satisfactorily completed an accredited educational program; and
 - (b) Is eligible to sit for the certification exam of the:
 1. American Registry of Radiologic Technologists (ARRT); or
 2. Nuclear Medicine Technology Certification Board (NMTCB).
- (2) A person shall be eligible for a Temporary Student Radiography License if the person:
 - (a) Is actively enrolled and in good academic standing in an accredited radiography program;
 - (b) Has completed at least fifty (50) percent of the program with clinical experience in varied imaging procedures as endorsed by the program director; and
 - (c) Has established appropriate supervisory personnel at each health care facility in which the person intends to practice.

Section 2. Application Requirements.

- (1) An applicant for a Temporary License shall submit:
 - (a) A Completed and signed Temporary License Application-Medical Imaging and Radiation Therapy, Form KBMIRT 3;
 - (b) The non-refundable temporary application and license fee as established by 201 KAR 46:020, Section 3;
 - (c) Results of a criminal background check completed:
 1. Within the past six (6) months in the state of residence and employment; and
 2. For any other state of residence and employment within the past five (5) years;
 - (d) A copy of a government issued photo ID; and
 - (e) Verification of successful completion of an accredited educational program.
- (2) An applicant for a Temporary Student Radiography License shall submit:
 - (a) A completed and signed Temporary License Application – Student Radiography, Form KBMIRT 15;
 - (b) The non-refundable student radiography application and license fee as established by 201 KAR 46:020, Section 13;
 - (c) Results of a criminal background check completed:
 1. Within the past six (6) months in the state of residence and employment; and
 2. For any other state of residence and employment within the past five (5) years;
 - (d) A Copy of a government issued photo ID; and
 - (e) Endorsements from program director and employer.

Section 3. Conversion of License.

- (1)
 - (a) The Temporary License may be converted to a permanent license upon submission of documentation of certification by the ARRT or the NMTCB.
 - (b) If a temporary license is converted to a permanent license less than six (6) months before the individual's birth month, then the permanent license issued to the individual shall not expire on that date, but instead it shall expire at the last day of the individual's birth month in the following calendar year.
 - (c) If a temporary licensee has not submitted documentation of the ARRT or the NMTCB certification during the twelve (12) month period:
 1. the license shall not be renewed; and
 2. The individual shall:
 - a. Follow the procedure for initial license application pursuant to 201 KAR 46:040; and
 - b. Pay the initial application and license fee mandated in 201 KAR 46:020.
- (2) The Temporary Student Radiography License may be converted to a Temporary License upon completion of the accredited educational program and submission of application as established in Section 2(1) of this administrative regulation.

Section 4. Limitations on License.

- (1) An individual who holds an active Temporary License may perform within the practice standards for the discipline in which he or she is licensed and under the supervision requirements set forth by 201 KAR 46:035.
- (2)
 - (a) An individual who holds an active Temporary Student Radiography License may perform static x-rays under the supervision of a licensed Radiographer that is immediately available and physically present within the department.
 - (b) The Temporary Student Radiography Licensee shall not:
 1. Perform bedside radiography or fluoroscopy procedures; and
 2. Submit x-ray images for interpretation unless approved by a licensed Radiographer.

Section 5. Conditions on the Temporary Student Radiography License. An individual who holds a Temporary Student Radiography License shall remain actively enrolled and in good standing with the educational program throughout the duration of his or her licensure. If a licensee fails to

maintain continuous enrollment, is suspended, dismissed, or withdraws from the educational program, the licensee shall notify the board immediately.

Section 6. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "Temporary License Application-Medical Imaging and Radiation Therapy", Form KBMIRT 3, October 2023; and

(b) "Temporary License Application- Student Radiography", Form KBMIRT 15, September 2025.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Medical Imaging and Radiation Therapy, 2365 Harrodsburg Road, Suite A220, Lexington, Kentucky 40504, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also available on the board's website at <https://kbmirt.ky.gov>.

(201 KAR 046:045. 41 Ky.R. 2449; 42 Ky.R. 347; 1495; eff. 11-18-2015; TAm eff. 11-30-2017; 45 Ky.R. 2972; eff. 7-5-2019; TAm eff. 9-28-2023; 52 Ky.R. 1039, 1520; eff. 3-12-2026.)