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LIMITED X-RAY MACHINE OPERATOR LICENSEE REQUEST FOR UPDATE FORM

Request: Name Change Convert Temporary License to Permanent License

For a name change: A copy of legal documents must accompany this form (i.e. marriage license/certificate)

For permanent license: Passing results of Kentucky Limited Scope exam must accompany this form.

Contact Information

KY Radiation

License No.:

Social

Security No.:

Date of Birth:

Last 4 digits

MM/DD/YY

Full Name:

Last

First

M.I.

Address:

Mailing Address

Apartment/Unit #

City

State

ZIP Code

Phone:

Email:

Employment Information

Place of Employment:

Business Address:

Street, Road, or Box No.

City, State, Zip Code

Phone:

Work Email:

Start Date:

Title:

Are any medical imaging examinations that utilize contrast media (e.g. GI series, IVP, CT, MRI, etc.) performed at your place of employment? Yes No

Are any of the following performed at your place of employment?

Mammography: Yes No

Bedside (i.e. Portable) Radiography: Yes No

CT: Yes No

Nuclear Medicine or PET: Yes No

MRI: Yes No

Radiation Therapy: Yes No

I am not currently employed as a Limited X-ray Machine Operator.

Signature

Date