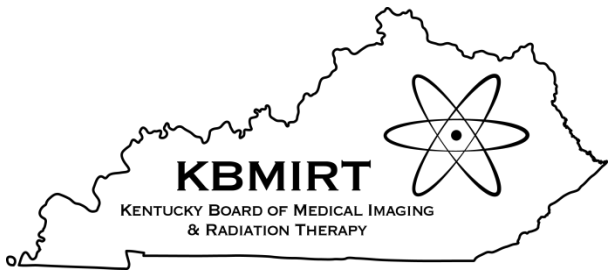


Applying for the Reinstatement of Your Kentucky Limited X-ray License:

1. If your LXMO License has been expired more than twelve (12) months, you must first pass the Kentucky Limited Scope exam. Complete [Kentucky Limited Scope Radiography Exam Qualification Form](#).
2. Upon passing exam, download [Reinstatement Application](#) (if license expired more than 12 months).
3. Complete application, assure that each question is answered and each section is complete and that the application is signed and dated. Mail complete application to address listed at top of application; at this time, there is not a process for submitting the reinstatement application electronically.
4. Page 3 of the application lists the documents required to be submitted with application:
 - Verification of graduation from board-approved education program(s) completed; applicants may submit a copy of their diploma or transcripts, however, the documentation must include the type of program and date of completion.
 - A copy of passing results from the Kentucky Limited Scope exam, within the past 12 months.
 - A copy of your government issued photo identification; applicants may submit a legible copy of their current driver's license, US Passport, or any other government issued photo ID.
 - Results of criminal background check completed within six (6) months of the application; as part of the application process, you will need to submit a criminal background report for any state that you have lived in or worked in within the past five (5) years. A nationwide criminal background check would also meet requirements. Please note, results that only provide county or city background check will not suffice. The Board does not have specific requirements as to where you obtain the background check. If you have a prospective employer in Kentucky or are working with a travel agency, they may be able to provide you with the background report.
If you have only lived/worked in Kentucky in the past 5 years, you may obtain a Kentucky background check through [Kentucky Court of Justice](#) or [Kentucky State Police](#). At this time, the Board does not have an agreement with IdentoGO; and, therefore, cannot retrieve reports from this organization.
 - Check or money order written to Kentucky State Treasurer for the application and reinstatement fees (\$200 total)
5. A few reminders to avoid delays in processing:
 - **IF YOUR NAME IS DIFFERENT** on any of the information you submit, include legal documentation of the reason for name change (i.e. marriage license/certificate, divorce decree, legal name change document, etc)
 - **DO NOT** staple application documents
 - **ONLY** submit documents that are printed single side on 8 ½ x 11 paper, not front/back
 - **PLEASE** submit documents in a large manila envelope, avoiding folding documents
 - **DO NOT** fold each paper individually
 - **ASSURE** your form of payment (check or money order) is included
6. Once a complete application is received by KBMIRT office, processing may take up to two (2) weeks, although, in certain circumstances, processing can take longer. It is best to apply for the license well ahead of employment start date. Applications are processed in the order in which they are received; there is no process for expediting an application.

THE SUBMISSION OF AN APPLICATION TO PRACTICE MEDICAL IMAGING OR RADIATION THERAPY IN KENTUCKY DOES NOT AUTHORIZE YOU TO PRACTICE; YOU MUST HOLD A CURRENT AND ACTIVE RADIATION LICENSE PRIOR TO PRACTICING LIMITED MEDICAL RADIOGRAPHY IN ACCORDANCE WITH [KRS CHAPTER 311B](#).



Kentucky Board of Medical Imaging and Radiation Therapy

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

For Office Use Only:

Limited X-Ray Machine Operator License Application

Applicant Information

Application for (select one): Initial License Reinstatement of Expired License (more than 12 mos)

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

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Social Security Number (last 4 digits): _____ Date of Birth: _____
Month Day Year

Fees

Limited X-Ray Machine Operator License (if selecting more than one license type below, only one fee is required):

- General (Kentucky)..... \$100.00
- Podiatry (Kentucky)..... \$100.00
- Bone Densitometry (Kentucky)..... \$100.00

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

In addition to the application fee, please include the following, if applicable:

- Reinstatement Fee..... \$100.00

Eligibility

Have you ever been convicted of a felony? Yes No If yes, please explain (attach court documents): _____

Have you previously been issued any type of medical imaging license in another state? Yes No

If yes, what state: _____ License Number: _____

Has your license in another state(s) been denied, suspended, revoked, or otherwise disciplined? Yes No

If yes, please explain _____

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

Work Telephone Number: _____ Work Email: _____

Start Date: _____ Title: _____

A. 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

B. Are any of the following performed at your place of employment:

Yes No Mammography

Yes No CT

Yes No MRI

Yes No Bedside Radiography

Yes No Nuclear Medicine

Yes No PET

Yes No Radiation Therapy

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

Education Information

Please provide information about the education completed for Limited X-ray Machine Operators:

Name of Educational Institution: _____

Address: _____

Contact Phone Number: _____

Date of Completion: _____

Required Documents

Please submit the following documentations with your application:

- Verification of graduation from education program(s) listed above;
- A copy of passing results of limited scope radiography examination;
- A copy of your government issued photo identification; and
- Results of criminal background check

Pursuant to 201 KAR 46:040 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 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: _____