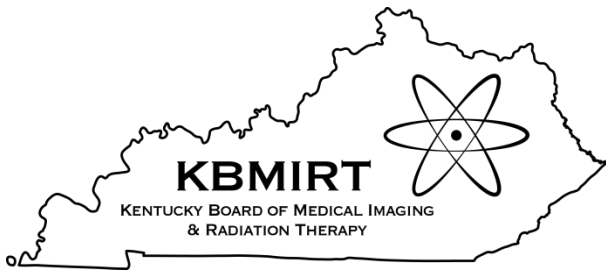


Applying for the Reinstatement of Your Kentucky Radiation License:

1. Download [Reinstatement Application](#) (if license has been expired for more than 12 months)
2. 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.
3. Page 3 of the application lists the documents required to be submitted with application:
 - Verification of graduation from medical imaging and radiation therapy 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 (i.e. diploma with “Associates of Science” cannot be accepted unless it further states “Radiologic Technology”)
 - A copy of your ARRT or NMTCB certification; applicants may submit a copy of their initial recognition certificate, an official verification from the organization, or a copy of their current wallet card, if available. Regardless, the certification number should be included.
 - 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.
 - [KBMIRT Form 8](#) that documents twenty-four (24) hours of approved continuing education; this form should document the continuing education that you submitted for your most recently completed CE Biennium.
 - Check or money order written to Kentucky State Treasurer for the application and reinstatement fees (\$200 total)
4. 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
5. 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 MEDICAL IMAGING OR RADIATION THERAPY 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:

License Application- Medical Imaging or Radiation Therapy

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

Medical Imaging or Radiation Therapy License (if selecting more than one discipline below, only one fee is required):

- Radiography..... \$100.00
- Nuclear Medicine \$100.00
- Radiation Therapist..... \$100.00
- Radiologist Assistant.....\$100.00
- Nuclear Medicine Advanced Associate.....\$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 been convicted of a felony? Yes No If yes, please explain _____

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: _____

State: _____ License Number: _____

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

If yes, please explain _____

Has your registration or certification with the ARRT or NMTCB ever been sanctioned, suspended, revoked or otherwise disciplined? Yes No

If yes, please explain _____

How many years of work experience do you have in medical imaging or radiation therapy? _____

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: _____

I am currently not employed as a medical imaging technologist or radiation therapist.

If you are on a travel assignment within the Commonwealth of Kentucky, please include your temporary employment information:

Not applicable

Place of Temporary Employment: _____

Business Address: _____

(Street, Road, or Box No.)

City

State

Zip Code

Work Telephone Number: _____ Work Email: _____

Start Date: _____ Title: _____

Education Information

Please provide information about the educational program(s) where you received your medical imaging or radiation therapy education.

Select one:

Radiography Nuclear Medicine Radiation Therapist Radiologist Assistant Nuc Med Advanced Associate

Name of educational institution: _____

Address: _____

Date of graduation: _____

Additional educational information:

Not applicable

Radiography Nuclear Medicine Radiation Therapist Radiologist Assistant Nuc Med Advanced Associate

Name of educational institution: _____

Address: _____

Date of graduation: _____

Required Documents

Please submit the following documentations with your application:

- Verification of graduation from education program(s) listed above;
- A copy of your ARRT or NMTCB certification;
- 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."

If you are applying for reinstatement of an expired license, in addition to the documents listed above, also submit the following:

- KBMIRT Form 8 that documents twenty-four (24) hours of approved continuing education

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: _____