Applying for Your Temporary License Application: Medical Imaging & Radiation Therapy:

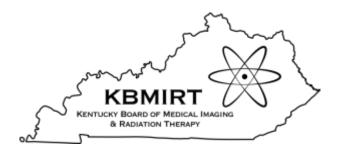
- 1. Download Temporary License Application-Medical Imaging & Radiation Therapy
- 2. Complete application, assure that each question is answered, each section is complete and that the application is signed and dated. Mail complete application to address listed at top of application; at this time, there is not a process for submitting the temporary application electronically.
- 3. Your program director must complete and sign the Education Information section if you are applying prior to receiving your diploma or final transcripts. Although you may submit the application prior to graduation, your temporary license will NOT be issued until your degree has been conferred. Please plan accordingly if you have a prospective employer.
- 4. Page 2 of application lists the documents required to be submitted with application:
 - 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 the Kentucky State Treasurer for temporary license fee (\$100).
- 5. A few reminders to avoid any 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 from date on which your degree is conferred, although, under certain circumstances, processing can take longer. 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:

Applican	t Information					
Full Name:					Date:	
	Last	First		M.I.		
Address:	Street Address				Δn	artment/Unit #
	Street Address				Дρ	artineno onit #
	City			State	ZIF	P Code
² hone:		Em	nail:			
Social Security Number (last 4 digits):		ts):	Date of Birth:			
				Month	Day	Year
Medical In	Graduate of Medical	ense *VALID FOR UP TO Imaging or Radiation The cor money order payable	erapy program			\$100.00
Medical In	Graduate of Medical	Imaging or Radiation The	erapy program			\$100.00
Medical In	Graduate of Medical can be made by check	Imaging or Radiation The	erapy program	State Trea	asurer.	_
Medical In	Graduate of Medical can be made by check	Imaging or Radiation The	erapy program	State Trea	asurer.	_
Medical In	Graduate of Medical can be made by check	Imaging or Radiation The	erapy programeto: The Kentucky yes, please explain_	State Trea	asurer.	
Medical In Payments Eligibility Have you b	Graduate of Medical can be made by check peen convicted of a felon previously applied for a key	Imaging or Radiation The cormoney order payable by?	e to: The Kentucky yes, please explain_ or Radiation Therap	State Trea	asurer.	□No
Medical In Payments Eligibility Have you b Have you p	Graduate of Medical can be made by check peen convicted of a felon previously applied for a keep	Imaging or Radiation The	erapy program e to: The Kentucky yes, please explain_ or Radiation Therap ed under:	State Trea	asurer.	□No
Payments Eligibility Have you b Have you p If yes, Date	Graduate of Medical can be made by check peen convicted of a felon previously applied for a keep	Imaging or Radiation The cor money order payable by? Yes No If the contucky Medical Imaging on Name applications in another state(s)	erapy program e to: The Kentucky yes, please explain_ or Radiation Therap ed under: ?	State Trea y License?	asurer.	□No

Employment	Information							
Place of Employ	ment:							
Business Addre	ss:							
(Street, Road, or Box No.)								
	City		State	Zip Code				
Mork Tolonbono	•			1 -				
Work Telephone Number:			_Work Email:					
Start Date:			Title:					
☐ I am current	ly not employed as a m	edical imaging technolo	ogist or radiation therapist.					
Education In	formation							
Please provide i therapy education		educational program wh	ere you received your med	ical imaging or radiation				
Select one:	□ Nuclear Medicine	Radiation Therapist	☐Radiologist Assistant	□ Nuc Med Advanced Associate				
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				_				
Your program o	director must comple	te the following and si	gn:					
comple		requirements for gradu		emporary Radiation license has ard of any changes in status of				
Dat	e of graduation:							
Program Director Name (printed):		orinted):						
Pro	gram Director Signatui	re:		Date:				
Required Doo	cuments							
Please submit	the following docume	entations with your app	olication:					
□ А сору	of your government is	ssued photo identifica	tion; and					
☐ Results of criminal background check								
within ti		in state of residence an	to submit "results of crimina od employment and any oth	al background check completed er states of residence or				
Disclaimer ar	nd Signature							
All applicants p properly signed		date the statement be	low. All applications will b	e null and void unless				
accuracy of the contained in thi misleading, this	application and all in s application or the su	formation contained he apporting documents s nial, revocation or sus						
Signature of App	plicant:		Date:					