

## 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:

## Temporary License Application- Medical Imaging & Radiation Therapy

### Applicant Information

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 Temporary License **\*VALID FOR UP TO ONE YEAR- NOT RENEWABLE\***

Graduate of Medical Imaging or Radiation Therapy program.....\$100.00

**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 United States military service member or veteran?  Yes  No

**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.

**Education Information**

Please provide information about the educational program 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: \_\_\_\_\_

**Your program director must complete the following and sign:**

By signing below, the program director confirms the individual applying for the Temporary Radiation license has completed or will complete all requirements for graduation and will notify the board of any changes in status of the individual's graduation date.

Date of graduation: \_\_\_\_\_

Program Director Name (printed): \_\_\_\_\_

Program Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Required Documents**

Please submit the following documentations with your application:

- 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: \_\_\_\_\_