

## Applying for a Temporary Student Radiography License:

1. Download [Temporary Student Radiography License Application](#)
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. Page 2 lists the documents required to be submitted to complete the application:
  - **Verification of Student Status form:** Complete the top portion and the signature portion on the “Verification of Student Status”. Your program director must complete and sign Education Information section and email the completed form to [kbmirt@ky.gov](mailto:kbmirt@ky.gov).
  - **Employer Acknowledgement form:** Complete the top portion and the signature portion on the “Employer Acknowledgement” and provide the manager / director a copy of 201 KAR 46:045 (pages 6 & 7). The manager or director must complete and sign Employment Information section and email the completed form to [kbmirt@ky.gov](mailto:kbmirt@ky.gov).
  - **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 your prospective employer in Kentucky requires a background check, they may be able to provide you with the background report to submit with the application.  
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 Identigo; and, therefore, cannot retrieve reports from this organization.
  - **Check or money order** written to the Kentucky State Treasurer for temporary license fee (\$50).
4. 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
5. Once KBMIRT office staff have received all components of your application, processing may take up to two (2) weeks, 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 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 - Student Radiography

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*Month Day Year*

### Fees

#### Student Radiography Temporary License \*NON RENEWABLE\*

Enrolled in accredited radiography program.....\$50.00

**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 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 \_\_\_\_\_

Start Date: \_\_\_\_\_ Title: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Manager's Email: \_\_\_\_\_

**Education Information**

Please provide information about the radiography educational program where you are enrolled:

Name of educational institution: \_\_\_\_\_

Address: \_\_\_\_\_

Expected date of program completion: \_\_\_\_\_

Program Director Name: \_\_\_\_\_ Email: \_\_\_\_\_

**Required Documents**

The following documentation are required to complete your application:

- Verification of Student Status form;
- Employer Acknowledgement form;
- Official transcript sent directly from educational institution documenting academic progress;
- A copy of your government issued photo identification; and
- Results of criminal background check

*Pursuant to 201 KAR 46:045 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."*

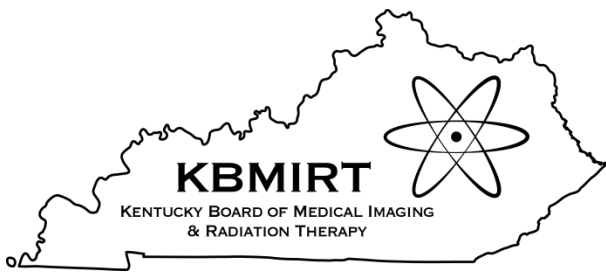
**Disclaimer and Signature**

*All applicants please read, sign, and date the statement below. All applications will be null and void unless properly signed and dated.*

I have read and fully understand the limitations of the Temporary Student Radiography license, pursuant to 201 KAR 46:045, and further acknowledge that I shall notify the board immediately if I fail to maintain continuous enrollment, or if I am suspended, dismissed, or withdraw from the educational program.

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: \_\_\_\_\_



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 Lexington, KY 40504  
 Phone: (502)782-5687  
 kbmirt@ky.gov

*For Office Use Only:*

## Temporary License Application- Student Radiography Verification of Student Status

### Applicant Information

Applicant Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month* *Day* *Year*

### Education Information

**PROGRAM DIRECTOR:** Please complete the portion below and submit via email to [KBMIRT@ky.gov](mailto:KBMIRT@ky.gov)

Name of educational institution: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address* *City* *State* *Zip*

Type of program:     Associates     Bachelors      Anticipated Date of Completion: \_\_\_\_\_

Number of Credit Hours Required for Completion: \_\_\_\_\_

Number of Credit Hours Completed by Student: \_\_\_\_\_

Is the student in good standing with the educational institution:  Yes     No    If no, please explain: \_\_\_\_\_

In accordance with 201 KAR 46:045 the applicant shall have completed at least fifty percent (50%) of the program with clinical experience in varied imaging procedures as endorsed by the program director. Please indicate, by signature, which areas the applicant has obtained documented clinical competency for static x-rays:

- \_\_\_\_\_ Chest, Ribs, and Thorax
- \_\_\_\_\_ Upper Extremities
- \_\_\_\_\_ Lower Extremities
- \_\_\_\_\_ Spine and Pelvis
- \_\_\_\_\_ Abdomen

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, the program director attests to the accuracy and authenticity of the information above. The program director further certifies that the student has successfully completed at least fifty percent (50%) of the educational program and has demonstrated clinical competence in varied clinical procedures. Additionally, the program director agrees to promptly notify the board of any changes in the student's academic status.

Name of Program Director: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\_\_\_\_\_  
*Program Director's Signature*

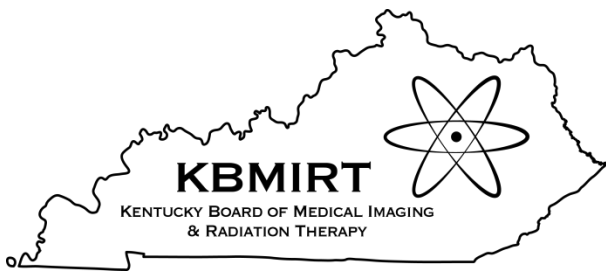
\_\_\_\_\_  
*Date*

### **Student Disclaimer and Signature**

***APPLICANT: Sign and date the certification and authorization for release of information.***

I authorize school/program officials to release the information requested to the Kentucky Board of Medical Imaging and Radiation Therapy for the purpose of determining eligibility for the temporary student radiography license.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



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For Office Use Only:

## Temporary License Application- Student Radiography Employer Acknowledgement

### Applicant Information

Applicant Full Name: \_\_\_\_\_  
Last First M.I.

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

### Employment Information

EMPLOYEE'S MANAGER / DIRECTOR: Please complete the portion below and submit via email to KBMIRT@ky.gov

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street Address City State Zip

Manager's Name: \_\_\_\_\_ Manager's Email: \_\_\_\_\_

Title of Position: \_\_\_\_\_ Anticipated Start Date: \_\_\_\_\_

Type of employment:  Full-Time  Part-Time  PRN

By signing below, the employer attests to the accuracy and authenticity of the information above. The employer further certifies that they have read and fully understand the restrictions on the temporary student radiography license, as provided in 201 KAR 46:045; and certifies that a licensed radiographer will provide supervision throughout employment.

\_\_\_\_\_  
Manager's Signature Date

### Student Disclaimer and Signature

**APPLICANT:** Sign and date the certification and authorization for release of information.

I authorize my employer to release the information requested to the Kentucky Board of Medical Imaging and Radiation Therapy for the purpose of determining eligibility for the temporary student radiography license.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**201 KAR 46:045. Temporary license application for medical imaging technologists, advanced imaging professionals, radiographers, nuclear medicine technologists, radiation therapists, and student radiographers.**

RELATES TO: KRS 311B.050, 311B.100(2), 311B.120, 311B.180, 311B.190

STATUTORY AUTHORITY: KRS 311B.010, 311B.050, 311B.100(2)

CERTIFICATION STATEMENT: This certifies that this administrative regulation complies with the requirements of 2025 RS HB 6, Section 8.

NECESSITY, FUNCTION, AND CONFORMITY: KRS 311B.050 requires the Board of Medical Imaging and Radiation Therapy to promulgate administrative regulations to administer and enforce KRS Chapter 311B and to regulate the licensure of medical imaging technologists, advanced imaging professionals, radiographers, nuclear medicine technologists, and radiation therapists other than a licensed practitioner of the healing arts. KRS 311B.100(2) requires the board to establish licensure qualifications. This administrative regulation establishes procedures for the temporary licensure of medical imaging technologists, advanced imaging professionals, radiographers, nuclear medicine technologists, and radiation therapists who are eligible to apply for the appropriate national board exam, procedures for the temporary licensure of student radiographers, and limitations on temporary licensure, including clarifications.

**Section 1. Eligibility.**

- (1) A person shall be eligible for a Temporary License if the person:
  - (a) Has satisfactorily completed an accredited educational program; and
  - (b) Is eligible to sit for the certification exam of the:
    1. American Registry of Radiologic Technologists (ARRT); or
    2. Nuclear Medicine Technology Certification Board (NMTCB).
- (2) A person shall be eligible for a Temporary Student Radiography License if the person:
  - (a) Is actively enrolled and in good academic standing in an accredited radiography program;
  - (b) Has completed at least fifty (50) percent of the program with clinical experience in varied imaging procedures as endorsed by the program director; and
  - (c) Has established appropriate supervisory personnel at each health care facility in which the person intends to practice.

**Section 2. Application Requirements.**

- (1) An applicant for a Temporary License shall submit:
  - (a) A Completed and signed Temporary License Application-Medical Imaging and Radiation Therapy, Form KBMIRT 3;
  - (b) The non-refundable temporary application and license fee as established by 201 KAR 46:020, Section 3;
  - (c) Results of a criminal background check completed:
    1. Within the past six (6) months in the state of residence and employment; and
    2. For any other state of residence and employment within the past five (5) years;
  - (d) A copy of a government issued photo ID; and
  - (e) Verification of successful completion of an accredited educational program.
- (2) An applicant for a Temporary Student Radiography License shall submit:
  - (a) A completed and signed Temporary License Application – Student Radiography, Form KBMIRT 15;
  - (b) The non-refundable student radiography application and license fee as established by 201 KAR 46:020, Section 13;
  - (c) Results of a criminal background check completed:
    1. Within the past six (6) months in the state of residence and employment; and
    2. For any other state of residence and employment within the past five (5) years;
  - (d) A Copy of a government issued photo ID; and
  - (e) Endorsements from program director and employer.

**Section 3. Conversion of License.**

- (1)
  - (a) The Temporary License may be converted to a permanent license upon submission of documentation of certification by the ARRT or the NMTCB.
  - (b) If a temporary license is converted to a permanent license less than six (6) months before the individual's birth month, then the permanent license issued to the individual shall not expire on that date, but instead it shall expire at the last day of the individual's birth month in the following calendar year.
  - (c) If a temporary licensee has not submitted documentation of the ARRT or the NMTCB certification during the twelve (12) month period:
    1. the license shall not be renewed; and
    2. The individual shall:
      - a. Follow the procedure for initial license application pursuant to 201 KAR 46:040; and
      - b. Pay the initial application and license fee mandated in 201 KAR 46:020.
- (2) The Temporary Student Radiography License may be converted to a Temporary License upon completion of the accredited educational program and submission of application as established in Section 2(1) of this administrative regulation.

**Section 4. Limitations on License.**

- (1) An individual who holds an active Temporary License may perform within the practice standards for the discipline in which he or she is licensed and under the supervision requirements set forth by 201 KAR 46:035.
- (2)
  - (a) An individual who holds an active Temporary Student Radiography License may perform static x-rays under the supervision of a licensed Radiographer that is immediately available and physically present within the department.
  - (b) The Temporary Student Radiography Licensee shall not:
    1. Perform bedside radiography or fluoroscopy procedures; and
    2. Submit x-ray images for interpretation unless approved by a licensed Radiographer.

**Section 5. Conditions on the Temporary Student Radiography License.** An individual who holds a Temporary Student Radiography License shall remain actively enrolled and in good standing with the educational program throughout the duration of his or her licensure. If a licensee fails to

maintain continuous enrollment, is suspended, dismissed, or withdraws from the educational program, the licensee shall notify the board immediately.

Section 6. Incorporation by Reference.

(1) The following material is incorporated by reference:

(a) "Temporary License Application-Medical Imaging and Radiation Therapy", Form KBMIRT 3, October 2023; and

(b) "Temporary License Application- Student Radiography", Form KBMIRT 15, September 2025.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Board of Medical Imaging and Radiation Therapy, 2365 Harrodsburg Road, Suite A220, Lexington, Kentucky 40504, Monday through Friday, 8:00 a.m. to 4:30 p.m. This material is also available on the board's website at <https://kbmirt.ky.gov>.

(201 KAR 046:045. 41 Ky.R. 2449; 42 Ky.R. 347; 1495; eff. 11-18-2015; TAm eff. 11-30-2017; 45 Ky.R. 2972; eff. 7-5-2019; TAm eff. 9-28-2023; 52 Ky.R. 1039, 1520; eff. 3-12-2026.)