

## **Kentucky Board of Medical Imaging and Radiation Therapy**

125 Holmes Street, Suite 320 Frankfort, KY 40601 Phone: (502)782-5687

				For Off	ice Use Only	:	
License	Application- Me	edical Imaging or F	Radiation Therapy				
Applicant	Information						
Application	n for (select one):	☐ Initial License	Reinstatement o	of Expired	l License (	more than 1	2 mos
Full Name:					Date:		
	Last	First		M.I.			
Address:	Street Address				Αŗ	partment/Unit #	:
	City			State	ZI	P Code	
Phone:			Email:				
Social Secu	rity Number (last 4 d	Date of Birth: _	Month	Day	Year		
Fees							
	-	nerapy License (if select	_	•		•	•
	Nuclear Medicine					\$100.0	00
	Radiation Therapis	t				\$100.0	)0
	Radiologist Assista	nt				\$100.0	0
	Nuclear Medicine A	dvanced Associate				\$100.0	0
ŀ	Payments can be m	ade by check or money	order payable to: The	Kentuck	y State Tr	easurer.	
In addition	to the application fee	e, please include the foll	owing, if applicable:				
	Reinstatement Fee					\$100.0	)0
Eligibility							
Have you b	een convicted of a fe	lony? ☐ Yes ☐ No	If yes, please explain		·		
Have you p	reviously been issue	d a license in another sta	ate(s)?	If yes, ple	ease provid	de the follow	ing:
State: _		_ License Number:					
State: _		_ License Number:					

License Number: \_

Has your license in a	nother state(s) been denied, suspended, revoked, or otherwise disciplined?   Yes  No							
If yes, please explain								
Has your registration disciplined? ☐ Yes	or certification with the ARRT or NMTCB ever been sanctioned, suspended, revoked or otherwise $\hfill\square$ No							
If yes, please explain								
How many years of v	vork experience do you have in medical imaging or radiation therapy?							
	245, are you a member of the United States military, Reserves, or National Guard, or his or her or the spouse of a veteran?   Yes No							
	B.140, are you active duty in the United States Armed Forces?   Yes*  No it proof of active duty status, and licensure fees shall be waived.							
Employment Info	rmation							
Place of Employmen	i:							
Business Address:	(Street, Road, or Box No.)							
_	City State Zip Code							
Work Telephone Number:	Work Email:							
Start Date:	Title:							
☐ I am currently no	t employed as a medical imaging technologist or radiation therapist.							
If you are on a travel information:	assignment within the Commonwealth of Kentucky, please include your temporary employment							
☐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:							

<b>Education Inf</b>	ormation									
Please provide ir therapy educatio		ducational program(s) w	here you received your m	edical imaging or radiation						
Select one:										
Radiography	■ Nuclear Medicine	Radiation Therapist	☐Radiologist Assistant	☐ Nuc Med Advanced Associate						
Name of	f educational institution	າ:								
Address:										
Date of	graduation:									
Additional educa  Not applicable	tional information:									
Radiography	■ Nuclear Medicine	☐Radiation Therapist	☐Radiologist Assistant	☐Nuc Med Advanced Associate						
Name of	f educational institution	າ:								
Address	:									
Date of	graduation:									
Required Doc	uments									
		entations with your app	olication:							
☐ Verificati	ion of graduation fro	m education program(	s) listed above;							
	of your ARRT or NMT		,							
_		ssued photo identificat	tion; and							
☐ Results	of criminal backgrou	nd 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 apply submit the follo		of an expired license,	in addition to the docum	nents listed above, also						
☐ KBMIRT	Form 8 that docume	nts twenty-four (24) ho	ours of approved continu	ing education						
Disalaimer an	d Signatura									
Disclaimer an										
All applicants ple properly signed		date the statement bel	ow. All applications will l	be null and void unless						
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:										