

Licensee Information

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

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

## **Licensee Continuing Education Documentation**

Full Name:			Date:				
Last	First	M.I.					
Kentucky License:							
CE Documentation	on						
A medical imaging or radiation therapy licensee is required by 201 KAR 46:060 to complete twenty four (24) continuing education hours per biennium. A Limited X-Ray Machine Operator is required by 201 KAR 46:081 to complete twelve (12) continuing education hours per biennium in which six (6) hours must be in radiation safety or medical imaging. Please complete the following sections to document continuing education. Any required * section left incomplete will result in no credit for that continuing education course.							
Reference Number*	Course Title*	Date Course Completed*	Approval Organization*	Credit Hours*			

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	of the licensee to maintain all continuing edu ation if selected for continuing education aud		tion for current an	d prior biennium
Disclaimer and Sig	gnature			
All licensees please runless properly signe	read and sign/date the statement below. And and dated.	III Continuing Edu	cation forms will i	be null and void
form and all information or supporting docume	continuing education documentation from a contained herein. I further understand ents submitted on my behalf, is determined suspension of any license pursuant to this	that if any informa I to be false or mis	ition contained in sleading, this may	this application y be cause for

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

punishment.