



**RENEWAL OF RADIOLOGIC TECHNOLOGIST LICENSE
OCTOBER 1, 2018 TO SEPTEMBER 30, 2019**

ONLINE RENEWAL IS AVAILABLE at www.ksbha.org from August 15, 2018 to October 31, 2018.

Do not submit a paper renewal application if you have completed the online renewal process.

If you have questions please visit the FAQs on our website at www.ksbha.org or call 785-296-2575.

The renewal application and fee must be received postmarked by **SEPTEMBER 30, 2018** to renew your license. A late fee must be paid for renewal applications completed on-line or received postmarked **OCTOBER 1, 2018 or later**. If an online renewal or complete renewal application is not received postmarked on or before **OCTOBER 31, 2018**, your license will cancel on November 1, 2018. Any person desiring to reinstate a cancelled license must contact the Board office for the appropriate form. **A license will not be renewed if the application is not complete.** Please print or type all responses.

1. License Number: _____ **2. Name:** _____

3. Addresses: I have had a change of address since the last renewal

Mailing Address: _____
 Street or PO BOX City County State Zip

Residence Address: _____
 Street City County State Zip

Telephone / Cell : _____ / _____

Practice Business (May **not** be a Post Office Box. Additional business addresses may be submitted on a separate page.)

Street City County State Zip

Telephone / Fax: _____ / _____

E-mail: _____

4. Continuing Education

The Board will verify compliance with continuing education requirements in an undetermined percentage of renewal applications. This verification will involve an audit of records maintained by the licensee. You must maintain your continuing education records for a three year period in a manner that allows them to be readily produced. I understand the audit process and I have met the hours for the following continuing education update.

I have completed a minimum of 12 continuing education hours from 10-01-2017 through 09-30-2018 or I am currently registered and in good standing with either American Registry of Radiological Technologist (ARRT) or Nuclear Medicine Technology Certification Board (NMTCB).

DO NOT mail in proof of your continuing education with the renewal form.

5. Identify all other authorities that have licensed you to practice radiologic technology (use additional pages if necessary): I have not been or currently licensed in another state or country.

State or Country State or Country State or Country State or Country State or Country

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Office Use Only

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6. **You must answer the following questions. If you answer is "yes" to any of the following questions, you must provide written documentation, either by answering the questions listed on the Disciplinary form (available at www.ksbha.org or a detailed written response within 14 days.**

- (a) Yes No In the past 12 months have you been a defendant or have your continued to be defendant or has any judgment, award or settlement been paid on your behalf as a result of a professional liability claim?
- (b) Yes No In the past 12 months have you been arrested, charged with or convicted of any felony, misdemeanor, or the military equivalent? This includes a diversion or plea to a felony, misdemeanor or the military equivalent.
- (c) Yes No In the past 12 months has any disciplinary action been initiated or taken against you by any state or government agency, or have you been denied a license, had any adverse action taken on your license, surrendered or consented to limitation of your license to practice in any state or country?
- (d) Yes No In the past 12 months have any privileges related to your profession as a health care provider been suspended, restricted, limited or voluntarily surrendered or has any peer review or professional association initiated or taken any action against you?
- (e) Yes No In the past 12 months have you suffered from any impairment which might affect your ability to safely practice, been referred to and/or participated in a program for impaired providers?
- (f) Yes No In the past 12 months have you been the subject of any investigation, including in Kansas, regarding allegations, complaints or charges by any state licensing agency or other government agency?

7. **Renewal Fee:** \$50.00 if postmarked August 15 through September 30.
\$55.00 if postmarked October 1 through October 31.

License fees are the responsibility of the licensee. A license will not be renewed until the correct payment is received.

8. Pursuant to K.S.A. 65-28,131, information provided herein deemed public may be posted on our website. Failure to furnish the Board any information legally requested by the Board may be deemed as unprofessional conduct and may be the basis for disciplinary action.

By this submission I hereby certify that I am the licensee named in this renewal application, and I have personally submitted all data requested in the renewal application form. I understand that Kansas Statutes allow the Board to revoke, suspend or limit a license, censure the license, or impose a fine in an amount up to \$5,000 for any act of fraud or misrepresentation in applying for renewal of a license.

“I declare, under penalty of perjury under the laws of the state of Kansas that the foregoing is true and correct.”

Signature: _____

Date: _____

PLEASE RETURN TO:

Kansas State Board of Healing Arts
Attention: Licensing
800 SW Jackson, LL Suite A
Topeka, KS 66612

website: www.ksbha.org

voice : 785 296-7413 or 888 886-7205



CREDIT CARD PAYMENT AUTHORIZATION

Please enter required information, sign and date at the bottom. Mail or fax form.



CARD NUMBER

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Verification Code

3-4 digit non-embossed number found on the card signature panel

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Expiration Date

MO / YR

Name (as it appears on the credit card): _____

Billing Address: _____
Street City State Zip

Telephone Number: _____ - _____ - _____

Payment Amount \$ _____ Purpose of Payment: _____
(e.g. renewal, application)

I agree to pay the above amount per the card issuer agreement.

Signature Date

Please Note: The information on this form is considered personal and not subject to disclosure under the Kansas Open Records Act.

office use only

800 SW Jackson, LL Suite A., TOPEKA, KS 66612
Voice: 785-296-7413 Toll Free: 888-886-7205 Fax: 785-296-0852 Website: www.ksbha.org

Print Form