

Kentucky Board of Medical Licensure
310 Whittington Parkway, #1B
Louisville, KY 40222
(502) 429-7150
2025 Application For Surgical Assistant Renewal
Renewal Fee \$25.00

1. Name: _____ KY Certification # _____

Mailing Address: _____

City, State, Zip: _____

Email Address: _____

2. Practice Address: _____

City, State, Zip: _____

Practice Telephone Number: _____

3. National Certification Number: _____ Expiration Date: _____

Note: Intentional false answers or misrepresentation in applying for or procuring a certification, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of licensure. You must answer "yes" to any question if the event(s) described in that question has actually occurred. You must answer "yes" in such circumstances even if you have been advised by an attorney or other person that you may answer "no". You must also answer "yes" in such circumstance even if the record of the event has been sealed or expunged by Court order, or has been designated "confidential" by the body involved. After answering "yes" to the appropriate question(s), you may advise the Board of any additional relevant information pertaining to your answer (i.e., record has been sealed or expunged, record is designated "confidential," attorney has advised that you properly answer "no"). The Board will consider this additional information, along with your answer(s), in determining the appropriate action. If you have any question about whether or not you should answer "yes" to a question, you should err in favor of answering "yes" and provide an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.

4. Since you last registered your Kentucky certificate, have you been disciplined or denied; have you made an act of surrender or resignation; or are you currently under investigation in regards to any of the following:

a) Certificate or license in any state or Canadian providence;

☐ Yes ☐ No

b) Membership or association in any state or professional society;

☐ Yes ☐ No

5. Since you last registered, has any hospital, hospital medical staff, or any other health care facility revoked, suspended, restricted, limited, reprimanded, placed on probation, or otherwise disciplined your staff privileges?

☐ Yes ☐ No

6. Since you last registered, have you been arrested or convicted for violation of any felony or misdemeanor under the laws of any state of the United States?

☐ Yes ☐ No

If you answered "Yes" to questions 4-6, please attach a written explanation and any pertinent information.

2025 Surgical Assistant Renewal

Name: _____ **KY Certification #** _____

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge. I understand any false information on my application may subject my certification to disciplinary action pursuant to KRS 311.874.

Signature: _____ **Date:** _____

Print Name: _____

2025 Surgical Assistant Renewal

Name: _____

KY License # _____

The answer to this question is exempt from public disclosure under KRS 61.878(1)(a) and (I) and KRS 311.619 and shall be subject to inspection only upon order of a court of competent jurisdiction, except that no court shall authorize the inspection by any party of any materials pertaining to civil litigation beyond that which is provided by the Kentucky Rules of Civil Procedure governing pretrial discovery. The answer to the question may be considered by the Board (KBML) and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

1. Do you currently have any condition that is not being appropriately treated which is likely to impair or adversely affect your ability to practice with reasonable skill and safety in a competent, ethical and professional manner?

☐ Yes ☐ No

I hereby state that the information contained in this application has not been altered in any way and is true, accurate, and complete to the best of my knowledge and belief. I understand that under Kentucky law the submission of any false, fraudulent or forged statement, document or other matter in connection with this application is grounds for criminal prosecution and the denial of licensure. I authorize the Board (KBML) or its agents to obtain from other sources any information necessary for determining my qualifications for licensure. I also authorize them to furnish any information they may now or in the future have concerning my qualifications and fitness to practice medicine/osteopathy to any person, institution, association, school, hospital or government entity.

Signature: _____ Date: _____

Print Name: _____