

For Office Use Only: \$10.00  Check # \_\_\_\_\_  
\$150.00  Check # \_\_\_\_\_  
\$200.00  Check # \_\_\_\_\_  
\$250.00  Check # \_\_\_\_\_

**Application for Renewal of Kentucky Medical/Osteopathic License for Year 2024**

**Registration Fee: \$150.00**

**Fee For Use Of Paper Renewal Application - \$10.00**

**Late Registration, March 1, 2024 - April 1, 2024 may be made by payment of an additional \$50.00 fee. After April 1, 2024, you will be imposed an additional \$100.00 fee.**

**All questions on this application must be answered and received with the correct renewal fee. Applications with unanswered questions will be returned to you, which will create a delay in timely processing.**

***Note:** Intentional false answers or misrepresentation in applying for or procuring a license, registration or reactivation in Kentucky are grounds for disciplinary action, including denial or revocation of license, and are reported to the National Practitioner Data Bank and/or appropriate national professional credentialing organization. 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", providing an explanation, because any non-disclosure violation will likely result in denial of your application or disciplinary action against your license.*

**Failure to truthfully and completely answer any question on this application (electronic or manual), including intentional and inadvertent non-disclosure, will result in a minimum fine of \$1,000.00.**

1. Name: \_\_\_\_\_ 2. KY License No.: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
State or Country) Zip Code)

4. Practice Address:

**(Note: Primary Practice address appears on the KBML Physician Profile at [www.kbml.ky.gov](http://www.kbml.ky.gov).)**

Primary Practice Address \_\_\_\_\_  
(Street) (City)

\_\_\_\_\_  
(State or Country) (Zip Code)

5. Office Telephone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

6. E-Mail Address: \_\_\_\_\_

# Application for Renewal of Kentucky Medical/Osteopathic License for Year 2024

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

Please note you must **answer all questions on this application** with the exception of questions 18 and 19 or your application will be returned for completion.

7. Are you currently practicing in Kentucky? Yes No

8. Please provide primary KY County, number of hours worked weekly in this county and address:

County: \_\_\_\_\_

Number of hours worked weekly in this county: \_\_\_\_\_

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

\_\_\_\_\_

If you have additional practice counties in Kentucky, please indicate so below:

a) Additional Practice County in KY: \_\_\_\_\_

Number of hours worked weekly in this county: \_\_\_\_\_

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

\_\_\_\_\_

b) Additional Practice County in KY: \_\_\_\_\_

Number of hours worked weekly in this county: \_\_\_\_\_

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

\_\_\_\_\_

9. Do you currently have hospital staff privileges in Kentucky? Yes No

10. Do you currently have a collaborative agreement with an Advanced Practice Registered Nurse (APRN)? Yes No

If you answered "yes" to the question above, please list the names of the APRN's.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Application for Renewal of Kentucky Medical/Osteopathic License for Year 2024

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

11. Do you work in or own a pain/bariatric clinic?  Yes  No
12. Do you dispense/administer controlled substances to patients from your private office setting (i.e. outside of a hospital, long-term care facility)?  
 Yes  No

13. Do you have plans to practice medicine in Kentucky during the year?  Yes  No

14. Specialty: \_\_\_\_\_

15. Type of Practice:

<input type="checkbox"/> Hospital Based	<input type="checkbox"/> Resident/Fellow	<input type="checkbox"/> Military	<input type="checkbox"/> Retired
<input type="checkbox"/> Faculty	<input type="checkbox"/> Private Practice	<input type="checkbox"/> Research	<input type="checkbox"/> Semi-Retired
<input type="checkbox"/> Administrative Medicine	<input type="checkbox"/> Occupational Medicine	<input type="checkbox"/> Emergency Medicine	<input type="checkbox"/> Locum Tenens
<input type="checkbox"/> Telemedicine	<input type="checkbox"/> Public Health/Government		

16. Do you have an active DEA license?  Yes  No

If you answered yes to question #16 provide DEA number(s) registered to you below:

\_\_\_\_\_

\_\_\_\_\_

17. State law requires Kentucky licensed physicians who are authorized to prescribe or dispense controlled substances in the Commonwealth of Kentucky to register for an account with the KASPER system. Have you registered for an account with the Kentucky All Schedule Prescription Electronic Reporting (KASPER) system?  Yes  No

**Questions (18) and (19) regarding gender and ethnicity are voluntary:**

18. Gender (M)  (F)

19. Race/Ethnicity

<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Latino
<input type="checkbox"/> Multiracial	<input type="checkbox"/> Native American	<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Other	

# Application for Renewal of Kentucky Medical/Osteopathic License for Year 2024

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

**If you answer "Yes" to questions 1 - 12, please attach a written explanation.**

- 1) Since you last registered, have you had any license, certificate, registration or other privilege to practice as a health care professional denied, revoked, suspended, probated, restricted, reprimanded, limited, or subjected to any other disciplinary action, by a state medical/osteopathic licensing board, or Federal, or International authority with the exception of the Kentucky Medical Board? Yes No
- 2) Since you last registered, have you surrendered such credential, or placed it into an inactive status, to avoid disciplinary action or in connection with or in anticipation of a disciplinary investigation/action by the licensing authority of such jurisdiction with the exception of the Kentucky Medical Board? Yes No
- 3) Since you last registered, have you been or are you currently under investigation by any State medical/osteopathic licensing board, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board? Yes No
- 4) Since you last registered, has the Drug Enforcement Administration (DEA), or any state or International drug licensure/enforcement authority denied, revoked, suspended, restricted, limited, or otherwise disciplined a controlled substance registration certificate issued to you? Yes No
- 5) Since you last registered, have you voluntarily or involuntarily surrendered a medical or osteopathic license with the exception of your Kentucky license, or controlled substance registration certificate issued to you?  
Yes No
- 6) Since you last registered, has any hospital or hospital medical staff removed, suspended, restricted, limited, probated, reprimanded or failed to renew your privileges for cause, or taken any other disciplinary action against your privileges?  
Yes No
- 7) Since you last registered, have you resigned your privileges at any hospital under pressure or investigation or while you were the subject of disciplinary proceedings? Yes No
- 8) Since you last registered, are any legal proceedings regarding licensure presently pending against you by any State, Federal or International licensure authority or any drug licensure/enforcement authority with the exception of the Kentucky Medical Board? Yes No
- 9) Since you last registered have you been removed, suspended, expelled or disciplined by any professional medical association or society? Yes No
- 10) Since you last registered, have you entered a guilty plea, nolo contendere plea or Alford plea, or been convicted, of any felony offense, any misdemeanor offense, or alcohol related offense in any court? Yes No
- 11) Since you last registered, have you had to pay a settlement or judgment greater than \$250,000 in a malpractice action or other civil action against your medical practice?  
Yes No
- 12) Since you last registered, to your knowledge, have you become the subject of any criminal investigation or are any criminal charges pending against you? Yes No

**I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Application for Renewal of Kentucky Medical/Osteopathic License for Year 2024

Name: \_\_\_\_\_ License No.: \_\_\_\_\_

The answers to this question is exempt from public disclosure under KRS 61.878(1) (a) 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 this question may be considered by the Board and may be disclosed in any contested case proceeding, including a Show Cause proceeding, or appeal of a licensing decision based upon them.

### If You Answer “Yes” To Question 1, Please Attach A Written Explanation.

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 medicine with reasonable skill and safety in a competent, ethical and professional manner?  
Yes   No

I hereby state that the information contained in this application is true, accurate and complete to the best of my knowledge and belief. I understand any false information on my application may subject my license to disciplinary action pursuant to the Medical Practice Act.

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

**Reminder: Please include \$10.00 in addition to the renewal fee if you choose to renew with this paper form. It should be noted that you have the option to renew your license on-line at [www.kbml.ky.gov](http://www.kbml.ky.gov) without an additional fee.**

**Mail Application to:  
Kentucky Board of Medical Licensure  
310 Whittington Parkway, Suite 1B  
Louisville, KY 40222**

# Application for Renewal of Kentucky Medical/Osteopathic License for Year 2024

## Continuing Medical Education Certification Form CME Cycle: January 1, 2021 – December 31, 2023

Continuing Medical Education (CME) regulation 201 KAR 9:310 requires all medical and osteopathic physicians maintaining an active Kentucky medical license to obtain **60** hours of CME every three years. Thirty hours must be in Category 1 accredited by the Accreditation Council on Continuing Medical Education or the American Osteopathic Association and thirty hours may consist of non-supervised personal activities.

According to 201 KAR 9:310, each physician licensed to practice medicine or osteopathy within Kentucky who is authorized to prescribe or dispense controlled substances within the Commonwealth shall complete at least 4.5 hours of approved Category I Credit continuing medical education hours relating to the use of KASPER, pain management, addiction disorders or a combination of two or more of those subjects. A licensee may satisfy this requirement by completing a single approved program of 4.5 hours or longer or by completing multiple **approved** programs for a total of 4.5 hours or longer for this cycle. Information on approved courses can be found on the Board's website.

A physician who obtained a new license during the CME cycle should refer to the information below for calculating CME hours due.

According to the Continuing Medical Education (CME) regulation 201 KAR 9:310, for each (3) year CME cycle, a licensee shall complete:

- (a) A total of sixty (60) hours of CME, if his/her license has been renewed for each year of a CME cycle;
- (b) If his/her license has not been renewed for each year of a CME cycle, licensee shall complete twenty (20) hours of CME for each year for which his/her license has been renewed.
- (c) A licensee whose initial licensure was granted the first year of the CME cycle for which verification is submitted: completion of (60) hours of CME before the end of the cycle;
- (d) A licensee whose initial licensure was granted the second year of the CME cycle for which a verification is submitted: completion of forty (40) hours of CME before the end of the cycle;
- (e) A licensee whose initial licensure was granted the third year of the CME cycle for which verification is submitted; completion if twenty (20) hours of CME before the end of the cycle.

You are required to report that you have completed the CME requirements for the years that you have maintained an active medical license in Kentucky during the cycle. If you have not completed the required hours noted above in sections (a) – (e), please complete the **“Request for Extension to Complete Required CME Hours”** which is included with this application. Payment of \$100.00 will be required in order to request this extension. **It should be noted that failure to complete this form, pay the extension fee and return it with your 2024 renewal application will result in a delay of your renewal application being processed.**

**In order to comply with this requirement, please answer the following:**

Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Have you completed your CME requirements for the CME cycle **1/1/2021 – 12/31/2023**?

Yes       No

\_\_\_\_\_  
**Signature**

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

**\*\*\* Please do not send documentation of your CME hours to the Board unless requested.**

**Kentucky Board of Medical Licensure  
Continuing Medical Education**

**Extension Fee: \$100.00**

Request For Extension To Complete Required CME Hours

If you have not satisfied the CME requirements, you may request an extension of time. If you request an extension, the Board will assess a \$100.00 fee. According to 201 KAR 9:310. section 4(2), *"The Board may grant an extension of time to a physician who for sufficient cause has not yet received continuing medical education requirements for the cycle."*

In order to request an extension, please complete the section below, sign, date and return to the Board with the enclosed 2024 renewal application and fee. You will receive correspondence from the Board after April 1, 2024 accepting your extension request with instructions for submitting required CME hours. **Your extension acceptance letter will be mailed separate.**

Please grant an extension to complete the Continuing Medical Education hours required for the CME cycle January 1, 2021 – December 31, 2023. I did not complete the required hours because: (please provide explanation)

---

---

---

---

---

---

---

---

**Reminder:** Please enclose the \$100.00 extension fee when returning application.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Kentucky License Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date