

Check Number: \_\_\_\_\_

Amount: \_\_\_\_\_

## PAYMENT FORM

You may pay the fee by check or credit card. Please complete this form in its entirety if you are paying by credit card.

**Please include the following with your request.**

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First Name, Middle Initial and Last Name

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(City, State & Zip)

### Credit Card Information:

**Please circle type of card:**

Visa

Mastercard

Discover

American Express

**Credit Card #**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Exp. Date:**

(MM-YY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Security Code on Back of Card:**

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Credit Card Holder Name:** \_\_\_\_\_

**Billing Address Street:** \_\_\_\_\_

**Billing City, State, Zip:** \_\_\_\_\_

Faculty License Number: \_\_\_\_\_

**Kentucky Board of Medical Licensure**  
310 Whittington Parkway, Suite 1B  
Louisville, Kentucky 40222

**2025 Renewal of Faculty License -- Registration Fee: \$65.00**

I, \_\_\_\_\_, hereby make application for renewal of my  
Faculty License to practice medicine pursuant to KRS 311.571(6)(c) at the following location:  
\_\_\_\_\_ through June 30, 2026.

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

\*\*\*If you answer "Yes" to questions 1 – 13 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 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 or any misdemeanor offense, or alcohol related offense in any court?  
 Yes  No
- 11) Since you last registered have you had to pay a judgment or settlement 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, are you 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 KRS 311.595.

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

\*\*\*Incomplete Applications Or Applications Received Without Payment Will Be Returned.\*\*\*

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

The answer 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 Questions 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 KRS 311.595.**

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

**\*\*\*Incomplete Applications Or Applications Received Without Payment Will Be Returned.\*\*\***