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 2025
Registration Fee: $150.00
Fee For Use Of Paper Renewal Application - $10.00

Late Registration, March 1, 2025 - April 1, 2025 may be made by payment of an additional $50.00 fee. After April 1, 2025, 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.)

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 2025

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 2025

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:

☐ Hospital Based	☐ Resident/Fellow	☐ Military	☐ Retired
☐ Faculty	☐ Private Practice	☐ Research	☐ Semi-Retired
☐ Administrative Medicine	☐ Occupational Medicine	☐ Emergency Medicine	☐ Locum Tenens
☐ Telemedicine	☐ 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

☐ African American	☐Asian	☐ Caucasian	☐ Hispanic	☐ Latino
☐ Multiracial	☐Native American	☐ Pacific Islander	☐ Other	

Application for Renewal of Kentucky Medical/Osteopathic License for Year 2025

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 2025

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 without an additional fee.

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