

Qualified Expert Application



Qualified Expert Name: _____

Phone: _____ Email: _____

Business Name: _____

Registration Contact Name (if differs from Qualified Expert): _____

Contact Phone: _____ Email: _____

Primary Address: _____

City: _____ State: _____ Zip: _____

Mailing/billing address (if differs from primary):

City: _____ State: _____ Zip: _____

Please check box if you want your name and contact information to be made available to the public for facilities in search of services

Please Check specific categories for are seeking registration for:
(please see qualifications for qualified expert for specific documentation required for each category of qualification)

- A. Shielding design for radiation therapy (T) and diagnostic x-ray (D) facilities.**
- C. Calibration of therapeutic x-ray units.**
- F. General radiation safety surveys and broad health physics services.**
- G. Conducting Mammography Facility Surveys and provide oversight of the quality assurance program.**

Instructions

Please submit the application processing fee of \$105 and mail your application and your qualifications in. Any other state registrations showing qualifications and resumes documenting experience are helpful supporting documents. If you want to submit your application electronically please reach out to the contact email below with initial application and we can sent you an electronic invoice to pay the application fee. No applications will be reviewed till the fee has been paid. If you are qualifying for mammography, please submit all of your initial qualifications and continuing education and experience documents. The fee schedule can be referenced at 902 KAR 100:12 Section 6.

If you are mailing in your forms, payment can be made out to the **Kentucky State Treasurer** and mailed to the branch.

Kentucky Department of Public Health

Radiation Health Branch

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Frankfort, KY 40621

502-564-3700

RPM@ky.gov