

Kentucky Board of Medical Licensure
310 Whittington Pkwy, Ste 1B
Louisville, KY 40222
Phone: (502) 429-7150
Fax: (502) 429-7158
www.kbml.ky.gov

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I hereby request _____ to be issued an Residency Training License to
(applicant's name)

start/complete his/her residency training program:
(please circle one)

_____ in _____
(KY University) (Residency Program)

(Dates of Program)

(Printed name of Program Director)

(Signature of Program Director) (Date)

This form must be completed and signed by a KENTUCKY Program Director and may be mailed to the Board by the Program Director or the GME Office.