



Kentucky Boxing and Wrestling Commission  
Mayo-Underwood Building  
500 Mero Street, 218NC  
Frankfort, KY 40601  
kbwa.ky.gov

## **MEDICAL PROVIDER APPLICATION**

Instructions: Please complete both pages of this application. Applications shall be printed legibly and in ink. Incomplete applications are subject to rejection and will cause delay in issuance of a license.

Applications for licensure as a physician or healthcare professional are required annually. The license fee for a physician or healthcare professional is twenty-five (25) dollars. Licenses are valid from January 1st – December 31st. Make payment in the form of a check or money order, made payable to the *Kentucky State Treasurer*.

I am applying for licensure as a: (circle one)

Physician  
\$25

Healthcare Professional  
\$25

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Healthcare Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Professional License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How long have you licensed in this profession? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

(OVER)

**Describe your experience that would support your being granted a license.**

**(Continue on a separate sheet if needed):** \_\_\_\_\_

Have you ever held a license from the commission?    YES    NO

If yes, what sport(s): \_\_\_\_\_ License number(s): \_\_\_\_\_

Have you ever been licensed as a healthcare professional by another states boxing and wrestling governing body?

YES    NO    If yes, what state(s): \_\_\_\_\_ Sport(s): \_\_\_\_\_

License Number(s): \_\_\_\_\_

Have you ever been convicted of a crime?    YES    NO

If yes, please provide details:    FELONY    MISDEMEANOR

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

Offense: \_\_\_\_\_ Court: \_\_\_\_\_

Disposition: (Use another sheet of paper if necessary) \_\_\_\_\_

**I certify under penalty of perjury that all of the information submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties. I acknowledge that I understand and will comply with the Kentucky Boxing and Wrestling Commission laws and regulations to which I am applying for licensure.**

\_\_\_\_\_  
**Signature of Applicant**

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

**PLEASE MAIL OR HAND DELIVER THE COMPLETED APPLICATION AND \$25 FEE TO THE COMMISSION.**