



OREGON BOARD OF MEDICAL IMAGING

800 NE Oregon Street – Suite 1160A Portland, OR 97232-2162

Phone: (971) 673-0215 / Fax: 971-673-0218

Website: <http://www.oregon.gov/OBMI>

Email: OBMI.Info@state.or.us

STAPLE
APPLICANT'S
PHOTOGRAPH
HERE

A Photocopied Picture
Will **NOT** Be Accepted

PERMANENT INITIAL LXMO PERMIT

To Calculate License Fee Use Our Website Calculator Found At: http://www.oregon.gov/OBMI/fee_calc.shtml

Mark all of the categories that apply:

- Core Module
 Chest
 Extremities
 Skull / Sinuses
 Spine
 Podiatry
 Bone Densitometry Equipment Operator

To be eligible for a Permanent Initial Permit you **"MUST"** must have passed the ARRT Limited Scope Examination Core Module and at least one (1) other category you want licensure in. You must also have completed the Practical Experience required for those categories.

*Incomplete information, including necessary documents and funds will delay your permit. **Allow 5- Working Days for processing,** provided you do not have criminal history. Applicant's with criminal history must appear and be approved by the Board.*

Part 1: Personal & Employment Information: (You Are Required by the Board to Update Any Changes Within 30 Days.)

Last Name	First Name	Middle Name	Other Name(s) Used		
Social Security No. (Mandatory)	Date of Birth:	Gender	For Office Use Only		
Ethnic Background	Color of Eyes	Color of Hair		Weight	Height
Name of Medical Imaging School	Your Graduation Date				
Your Home Mailing Address (or P.O. Box)	City	State		Zip Code	
Home Phone Number + Area Code	Cell Phone Number + Area Code	(Other) Phone Number + Area Code			
Your Email Address					
Oregon Employer (or Prospective)	Supervisor's Name	Supervisor's Title	Start Date		
Your Work's Address	City	State	Zip Code		
Work Phone Number + Area Code	Work Fax Number + Area Code				

<input type="checkbox"/> Core Module <input type="checkbox"/> Spine <input type="checkbox"/> Chest <input type="checkbox"/> Podiatry <input type="checkbox"/> Extremities <input type="checkbox"/> Skull / Sinuses <input type="checkbox"/> Bone Densitometry <input type="checkbox"/> Equipment Operator <p style="text-align: right;">(For Office Use Only)</p>	LEDS Verified:	OBMI License No.
		Deposit No:

Part 2: Credentialing

Have you had a license (*temporary or permanent*) to practice limited scope radiography in the State of Oregon; or in any other state? ____ Yes ____ No

If yes, please provide us with the State(s) you're licensed in: _____

License(s) No. _____ Expiration Date: _____

Part 3: Education in Limited Scope of Practice in Radiography

You must have completed a course of study from an **OREGON BOARD APPROVED** Limited Scope Radiography School or a Private Career School.

Attach a copy of your "Course Completion Certificate and Practical Experience Form" to this application.

Name of Board Approved School

Address City State Zip-Code

Phone Number +Area code Date of Completion Attendance Start Date to Attendance Finish Date Date Certificate Was Awarded

Printed Program Director's Name Printed Instructor's Name

List your **ARRT Examination Scores** for each **Category** you've taken.

Core: _____ **Skull/Sinus:** _____ **Spine:** _____ **Chest:** _____

Extremities: _____ **Podiatry:** _____ **Bone Density:** _____

Part 4: Additional Employment Information

- 1.) Are you currently using ionizing radiation on a human being for Diagnostic purposes under supervision of a licensed health care practitioner in Oregon? (_____) Yes (_____) No
- 2.) Are you currently serving an externship only at this facility? (_____) Yes (_____) No
- 3.) Do you work for more than one employer? (If "yes", you must have a supervising physician signature on file with the Board of Medical Imaging for all the employer's you are working for. Use an additional sheet to list those employers. (_____) Yes (_____) No

PLEASE COMPLETE THE INFORMATION BELOW (regardless of your answers above.)

Oregon Employer and/or Externship Site

Mailing Address City State Zip Code

Phone Number + Area Code Fax Number + Area Code

Part 5: PHYSICIAN'S SIGNATURE:

I certify that _____ will be under my supervision while practicing radiologic at the facility listed in **Part 1: "Oregon Employer"**.

Physician's Signature

Physician's Printed Name & Degree

Date

Part 6: FELONY & MISDEAMOR ARREST AND CONVICTION RECORD:

A CRIMINAL RECORDS CHECK will be performed on EVERYONE that applies for Licensure with the Board.

- 1.) Have you ever had an arrest?
(Understand that if you were given a diversion program, or if the charge(s) were dismissed or dropped, you were still arrested and you still need to report it to the Board.) (____) **Yes** (____) **No**
- 2.) Do you have any pending disciplinary investigations, or have you ever had any other professional license subject to disciplinary action in Oregon, or another State, or by any licensing agency? (____) **Yes** (____) **No**

If you have answered "Yes" to any of the above background questions, you must provide the Board with the proper documentation listed below. Failure to submit the requested documentation "will" hold up processing your application. (If you have reported criminal history or disciplinary action to the board in the past and we have those documents on record; you do not have to supply that paperwork to us again.)

- 1.) **A Letter of Explanation:** List the arrest or violation(s) on a separate sheet. Include in your letter:
(1.) **Dates.** (2.) **The place of your arrest or violation.** (3.) **Circumstances.** (4.) **The Penalty Imposed.** (5.) **Sign & Date your Explanation letter.**
- 2.) **Provide Copies of the Police Report(s) and All Court Document(s) for "ALL" arrests.**

Check here if you have already submitted background documents for past arrest(s). Yes No

Part 7: Agreement:

In consideration of my receiving a permanent license from the Oregon Board of Medical Imaging, I do hereby agree to abide by Oregon laws and administration rules pertain to the practice of Medical Imaging. (ORS 688.405 to 688.605; ORS 688.915 to 688.990; OAR Chapter 337.)

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED. I UNDERSTAND THAT AN ONLINE [UPDATED INFORMATION FORM](#) IS AVAILABLE ONLINE AT THE FOLLOWING WEBSITE ADDRESS: <http://www.oregon.gov/OBMI/>

By signing this application below I certify that the information appearing on this application is accurate and true to the best of my knowledge. I am also aware that the Board will conduct a criminal history background records check through the Oregon State Police, Law Enforcement Data System (LEDS) and if necessary, a fingerprint card may be required for a nationwide records check.

Signature of Applicant:

Date:

ALL APPLICATION FEES ARE NON-REFUNDABLE
Allow 5- Working Days for Processing

Mail Complete Application and Fee To:
OBMI – 800 NE Oregon Street, Suite 1160A – Portland, OR 97232
Make Check(s) Payable to: OBMI.

If you need help filling out this application or have questions – please call us at: **971-673-0215**
Or email us at: OBMI.Info@state.or.us with your questions.

- OBMI Initial Application Checklist -

Before Mailing Your Initial Application
Please Check To See If You Remembered All the Required Documents.

- Application.
- A Color Photograph (2" x 2").**
- Your Physician's Signature.
- A Photocopy of Your Course Completion Certificate.
- A Photocopy of Your Practical Experience Certificate.
- A Personal Check, Money Order or Cashier's Check for the correct from our license fee calculator. You can the calculator it at: http://www.oregon.gov/OBMI/fee_calc.shtml
- Also - If you have had recent background history – did you include the following required documents?
 - 1.) A Copy of Your Police Report.
 - 2.) A Copy of Your Court Documents.
 - 3.) A Personal Letter of Explanation?