

42601 0816 \$ 120.00

42601 0805 \$ 25.00 (Late Fee – Remit if Your Renewal Application is not Received Prior To Your LXMO Permit Expiration Date.)



**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](mailto:OBMI.Info@state.or.us)

**PERMANENT RENEWAL LXMO PERMIT**

(Limited X-Ray Machine Operator)

**Cost \$120.00 (For 2-Years)**

*You may not renew your license earlier than 60-days in advance of your expiration date.*

*Incomplete information, including necessary documents and funds will delay your license. 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	
Your Home Mailing Address (Or P.O. Box)			<i>For Office Use Only</i>	
City	State	Zip-Code		
Your Personal Email Address:				
Home Phone Number + Area Code	Cell Phone Number + Area Code	(Other) Phone Number + Area Code		
Oregon Employer (or Prospective)			OBMI Number	
Your Work's Address		City	State	Zip Code
Work Phone Number + Area Code	Work Fax Number + Area		Your Start Date	
Supervisor's Signature That You Work For (For LXMO – Must be MD, DO, DC, DPM, NP, PA)			Supervisor's Title	
Supervisor's Printed Name and Printed Title			Licensee's Work Start Date	

*For Office Use Only:*

(Deposit No.)

LEDS Verified:

License No.

**Part 2: ARREST AND CONVICTION RECORD:**

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

- 1.) Since your last license was issued or renewed, have you had any **new arrest(s)**? (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.) (\_\_\_\_) 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 past 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.**
- 2.) **Provide Copies of the Police Report and All Court Documents.** (Required only if you had a past arrest.)

**Part 3: 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:**

***You may not practice in the field of Medical Imaging without a current/valid license!***

In your renewal year, your license or permit expires at the end of the month immediately prior to the month of your birthday. A late fee of \$25.00 must be submitted along with your license/permit renewal fee for all renewal applications not completed online or received in the OBMI office prior to expiration, or at least postmarked prior to expiration.

***Civil Penalties will be charged to anyone working without a license or permit issued by OBMI.***

**ALL APPLICATION FEES ARE NON-REFUNDABLE**

*Allow 5- Working Days for Processing.*

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](mailto:OBMI.Info@state.or.us) with your questions.

# - OBMI LXMO Renewal Checklist -

*Before Mailing Your Renewal*

*Please Check To See If You Remembered All the Required Documents.*

- Renewal Application.
- A Completed Copy of Your Continued Education Worksheet.
- A Personal Check, Money Order or Cashier's Check for the Amount of **\$120.00**.
- A Late Fee for the Amount of **\$25.00**. This only applies if your renewal is not completed online or received in the OBMI office prior to your expiration date expiration.
- Also - If you have had recent criminal background history – did you include “all” of the following required documents?
  - 1.) A Copy of Your Police Report.
  - 2.) A Copy of Your Court Documents.
  - 3.) A Personal Letter of Explanation - Signed and Dated?

*Continue To Next Page for Continued Education Worksheet*

# OREGON BOARD OF MEDICAL IMAGING POLICY on CONTINUING EDUCATION (CE) for RADIOLOGIC TECHNOLOGISTS and LXMO PERMIT HOLDERS

ORS 688.505 states: "The... [Board] shall require each person holding a license or permit under ORS 688.405 to 688.605 to submit at the time the person submits the...renewal fee, evidence of continuing education in radiologic technology pursuant to rules of the board. Continuing education must be pertinent to the subject area of radiologic technology for which the license or permit was issued."

All continuing education must be directly related to radiologic technology. The table below demonstrates the main categories of continuing education:

MAIN CATEGORIES OF CONTINUING EDUCATION					
Technical	Radiation Use and Safety	QA, QI, CQI	Patient Care	Ethics	Other
Application Training	Radiation Safety or Radiation Physics	Processor control	HIV/AIDS: <b>Not Eligible After January 1, 2007</b> Precautions Infection Control	Practice Standards	Anatomy Osteology
Positioning Digital Imaging	Technique Control	Radiographic quality assurance & repeat analysis	CPR & Blood Bourne Pathogens/OSHA: <b>Not Eligible After January 1, 2007</b>	Legal Issues	Billing Codes
Computer Technology	Patient Shielding		Pediatric, Geriatric, Adult		

All licensees and limited permit holders shall submit evidence of continuing education at the time they file an application for license renewal. (OAR 337-010-0025)

## ❖ How Many Hours of CE Will I Need at Renewal?

- *Diagnostic and therapeutic licensees shall obtain a minimum of one hour of CE for each month of licensure.*
- *Limited permit holders shall obtain a minimum of CE hours according to the following schedule:*
  - (a) *One to three anatomical areas: 0.75 hours of CE for each month of licensure.*
  - (b) *Four or more anatomical areas: 1.0 hours of CE for each month of licensure.*
- ***Limited permit holders are required to complete a minimum of 2 hours of Radiation Use & Safety each year or any portion of each year of licensure.***

The Board may require licensees and limited permit holders to produce documents verifying continuing education activities for purposes of an audit by the Board. **All licenses and limited permit holders are required to retain verification documents for a period of two years following the renewal date.**

❖ **How Will I Know When it is Time to Renew?**

The Board will mail a licensure expiration notice and renewal application to you prior to the expiration of your license or permit. At that time, complete and return the CE worksheet or copy of your current ARRT-registration card, (not on CE probation with ARRT) with your renewal notice and payment.

**Do Not Include Copies of Attendance Verification Documents unless specifically requested on your licensure expiration notice and renewal application.**

❖ **Renewal Applicants Must Submit as Proof of Compliance the following CE Verification Documents:**

For ARRT-registered radiologic technologists not on CE probation with ARRT, a copy of your currently valid ARRT card may be sent instead of an OBRT CE worksheet.

For ARRT-registered radiologic technologists on CE probation with ARRT and for non-ARRT-registered radiologic technologists, a completed OBRT CE worksheet, listing all CE activities performed during the immediately preceding licensing period.

For limited permit holders, a completed OBRT CE worksheet, listing all CE activities performed during the immediately preceding licensing period.

❖ **All Renewal Applicants are Subject to Audit of Their CE Hours by the Board.**

❖ **New Changes for Directed Reading, Video or Audio cassette CE Hours.**

- Directed reading, viewing of video tapes or listening to audiocassettes now must include a pre-approved (ASRT or OBRT) post-test with certificate/letter issued to be accepted as meeting OBRT's continuing education requirements.

<p><b>Continuing Education Requirements May be Met Through the Following Types of Activities:</b></p>
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**1. Attendance at meetings of professional organizations that are directly related to Radiologic technology (educational portions of the meetings only).**

- ❖ One hour of CE credit granted for each educational meeting hour attended.
- ❖ No maximum. (**Specify Radiation Use and Safety hours**)

**2. Directed reading of professional and scientific journals, newsletters; listening to or viewing cassette- or videotapes related to radiologic technology must include a pre-approved (ASRT or OBRT) post-test with a certificate/letter issued.**

- ❖ One hour of CE credit granted for each hour spent reading, listening to or viewing tapes.
- ❖ No limit. (Specify Radiation Use and Safety hours)

**3. Symposia, workshops, lectures, refresher courses, correspondence courses, etc. pertaining to radiologic technology. (Specify Radiation Use and Safety hours)**

- ❖ One hour of CE credit per “classroom” hour.
- ❖ No maximum.

**4. College-sponsored courses in radiologic technology.**

- ❖ One hour of CE credit per “classroom” hour. (Specify Radiation Use and Safety hours)
- ❖ No maximum with grades of C or better..

**5. In-service education when related to radiologic technology.**

- ❖ One hour of CE credit per hour of in-service education
- ❖ No maximum (Specify Radiation Use and Safety hours)

**6. Passage of advanced American Registry of Radiologic Technologists’ certification examinations involving radiology specialties including:**

Mammography, Cardiovascular Intervention, Computed Tomography, Quality Management, Magnetic Resonance Imaging, Sonography, Vascular Sonography.

- ❖ 24 hours of CE credit per certification exam passed.

**7. Tumor Board Attendance**

- ❖ One hour of CE credit per hour of meeting.
- ❖ Maximum 6 hours (Specify Radiation Use and Safety hours)

**8. Main Categories of Continuing Education**

- ❖ Technical: Application training, Positioning, Digital Imaging, Computer Technology.
- ❖ Radiation Use and Safety: Radiation Safety, Radiation Physics, Technique control, Patient shielding.
- ❖ Quality Assurance, Quality Improvement, Continuous Quality Improvement: Processor control, Radiographic quality assurance and repeat analysis.
- ❖ Patient Care: HIV/AIDS precautions, Cardio-Pulmonary Resuscitation (Not eligible after January 1, 2007), Infection control, Communication, Pediatric, Geriatric, Adult.
- ❖ Ethics: Practice Standards, Legal Issues.
- ❖ Other: Radiation physics, Anatomy Osteology, Billing Codes

# OREGON BOARD OF MEDICAL IMAGING

PHONE: 971-673-0215

FAX NO: 971-673-0218

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Last Name

First Name

Middle Name

OMBI License Number: \_\_\_\_\_

## RADIOLOGIC TECHNOLOGIST AND LXMO PERMIT HOLDER CONTINUING EDUCATION (CE) WORKSHEET

**~CE Must Specifically Relate to Radiologic Technology~**

**Limited X-Ray Machine Operator (LXMO) permit holders are required to complete a minimum of 2 hours of Radiation Use & Safety each year or any portion of each year of licensure.**

ARRT-registered radiologic technologists not on CE probation with ARRT, a copy of your currently valid ARRT card may be sent instead of an OBMI CE worksheet.

**Activity Must Include Name or Title of Course/Journal/Meeting**

DATE  _____ _____ _____ _____ _____ _____ _____	<ul style="list-style-type: none"> <li>• <b>Attendance at meetings of professional organization that are directly related to radiologic technology (educational portions of the meeting only).</b></li> <li>❖ One Hour of CE credit granted for each educational meeting hour attended.</li> <li>❖ No maximum (<b><u>Specify Radiation Use and Safety hours</u></b>)</li> </ul> <p style="text-align: center;"><b><u>Name of Organization &amp; Topic Reviewed</u></b></p> _____ _____ _____ _____ _____ _____ _____	CREDIT HOURS  _____ _____ _____ _____ _____ _____ _____
DATE  _____ _____ _____ _____ _____ _____ _____	<ul style="list-style-type: none"> <li>• <b>Directed reading, of professional and scientific journals, newsletters; listening to or viewing cassette-or videotapes related to radiologic technology <u>must include a pre-approved (ASRT or OBRT) post-test</u></b></li> <li>❖ One hour of CE credit granted for each hour spent reading, listening to or viewing tapes. (<b><u>Specify Radiation Use and Safety hours</u></b>)</li> <li>❖ No limit</li> </ul> <p style="text-align: center;"><b><u>Name of Journal, Newsletter, Tape; Topic Reviewed</u></b></p> _____ _____ _____ _____ _____ _____ _____	CREDIT HOURS  _____ _____ _____ _____ _____ _____ _____
DATE  _____ _____ _____ _____ _____ _____ _____	<ul style="list-style-type: none"> <li>• <b>Symposia, workshops, lectures, refresher courses, correspondence courses, etc. pertaining to radiologic technology (<u>Specify Radiation Use and Safety hours</u>)</b></li> <li>❖ One hour of CE credit per classroom hour - No maximum.</li> </ul> <p style="text-align: center;"><b><u>Title of Course &amp; Name of Sponsor Offering Course</u></b></p> _____ _____ _____ _____ _____ _____ _____	CREDIT HOURS  _____ _____ _____ _____ _____ _____ _____
DATE  _____ _____ _____ _____ _____ _____ _____	<ul style="list-style-type: none"> <li>• <b>College-sponsored courses in radiologic technology</b></li> <li>❖ One hour of CE credit per classroom hour</li> <li>❖ No maximum with grades of C or better. (<b><u>Specify Radiation Use and Safety hours</u></b>)</li> </ul> <p style="text-align: center;"><b><u>Name of Facility or Hospital &amp; Topic Reviewed</u></b></p> _____ _____ _____ _____ _____ _____ _____	CREDIT HOURS  _____ _____ _____ _____ _____ _____ _____

DATE  _____ _____ _____ _____ _____ _____ _____ _____	<p>• <b>In-Service Education Related to Radiologic Technology</b></p> <ul style="list-style-type: none"> <li>❖ One hour of CE credit per hour of in-service education –</li> <li>❖ No maximum (<b><u>Specify Radiation Use and Safety hours</u></b>)</li> <li>❖ AFTER JANUARY 1, 2007 - CPR, HIV/BLOODBORNE PATHOGENS/OSHA DO NOT QUALIFY FOR CE CREDIT.</li> </ul> <p style="text-align: center;"><b><u>Name of Facility or Hospital &amp; Topic Reviewed</u></b></p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>	CREDIT HOURS  _____ _____ _____ _____ _____ _____ _____ _____
DATE  _____ _____ _____ _____	<p>• <b>Advanced ARRT Certification</b></p> <ul style="list-style-type: none"> <li>❖ 24 hours credit each exam passed</li> </ul> <p style="text-align: center;"><b><u>Name of Exam</u></b></p> <p>_____ _____ _____ _____</p>	CREDIT HOURS  _____ _____ _____ _____
DATE  _____ _____ _____ _____ _____	<p>• <b>Tumor Board Attendance</b></p> <ul style="list-style-type: none"> <li>❖ One hour of CE credit per hour of meeting</li> <li>❖ Maximum 6 hours (<b><u>Specify Radiation Use and Safety hours</u></b>)</li> </ul> <p style="text-align: center;"><b><u>Name of Hospital</u></b></p> <p>_____ _____ _____ _____ _____ _____ _____ _____</p>	CREDIT HOURS  _____ _____ _____ _____ _____ _____ _____ _____
<b>TOTAL CONTINUING EDUCATION HOURS PERTAINING TO RADIOLOGY:</b>		

I Hereby Certify That I Participated in the Continuing Education Offerings Listed Above.

\_\_\_\_\_  
*Signature*

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