



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

LXMO Examination Application for Practice in Radiography

This application is needed after you have completed and passed your classes at one of the OBMI Board Approved Limited Permit X-Ray Machine Operator (LXMO) Schools. You're Exam Application Will Not Be Processed If Any of the required information on this form is incomplete or if you haven't **Attached a Course Completion Certificate** to this application. All Applicants "MUST" take the core exam.

Mark (X) all of the Exams that you are paying for and wish to take:

- | | | |
|---|---------------------------------------|---|
| <input type="checkbox"/> Core Module | <input type="checkbox"/> Chest | <input type="checkbox"/> Extremities |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Spine | <input type="checkbox"/> Podiatry |

There is a \$125.00 Exam Fee Every time you sign up to take an ARRT Exam. Each Module in addition is \$20.00.

Enter the number of exam modules being taken _____ x \$20.00 (each) + \$125.00 Exam Fee = \$_____.

OBMI will only accept Money Orders, Cashier's Checks or Company Checks for Exam Payment.
 (Cash or Personal Checks are not accepted for Exams.)

Incomplete information, including necessary documents and funds will delay your permit. Allow 5- Working Days for processing.

Part 1: About You.

Last Name:		First Name:		Middle Name:	
Other Last / Maiden Names You've Used:			Ethnic Background:		Gender:
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:	
Social Security No. (Mandatory)			Driver's License No.		State Issued In:

Part 2: Contact Information

Mailing Address (Or P.O. Box):					
City:		State:		Zip-Code	
Cell Phone No.			Home Phone No.		
Home Email Address:			Work Email Address:		

(Protected From Release Unless Legally Compelled)

Part 3: Where Did You Get Your Education?

What School or Facility did you attend to get Your Medical Imaging Education?					
Mailing Address of College/School:		City		State:	Zip-Code:
Contact Person From That College/School:		College/School Phone No:		Graduation Date:	

Part 4: Employer Information

List Your Oregon Employer's (or Prospective) Name: (If you don't have an employer write "N/A" then go to Part 5.)					
Work Address:		City:		State:	Zip-Code:
Supervisor's Name:		Supervisor's Title:		Your Start Date (If Applicable):	
Employers Phone No:					

Date Application Was Received

(For Office Use Only)	Date Entered Into ARRT Exam	OBMI No.
Deposit No.		

Part 5: What You Can Expect After Applying:

You should receive in the mail within a week, a "Limited Scope (LXMO) Candidate Status Report", and an Exam Handbook from ARRT.

Part 6: Agreement:

I understand by signing and submitting this application and my payment do not guarantee admission to the test. I also understand that if I am caught cheating during any examination that I will not longer be eligible to sit for any future ARRT examinations.

By also signing and submitting this form I understand the following:

- 1.) I HAVE (**1-YEAR STUDENT STATUS**) from completion of my Limited X-Ray Machine Operator Course (LXMO)
- 2.) I need to pass the applicable LXMO Exams (which is the "CORE MODULE" and at least ONE ANATOMICAL AREA).
- 3.) Then I can apply for a TEMPORARY LXMO PERMIT which is needed to complete all applicable Practical Experience.
- 4.) After completion of steps 1 through 3 then I can apply for a PERMANENT LXMO PERMIT.

Also 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.

Signature of Applicant:

Date:

ALL APPLICATION FEES ARE NON-REFUNDABLE
Allow 5- Working Days for Processing
Mail Complete Application and Exam Fee to "OBMI":
OBMI – 800 NE Oregon Street, Suite 1160A – Portland, OR 97232

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 Exam Application Checklist -

Before Mailing Your Exam Application

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

- Exam Application.
- A Color Photograph (2" x 2").
- A Photocopy of Your Course Completion Certificate.**
- The Correct Exam Fee.
- A Money Order, Cashier's Check, or Company Check.
(Sorry! No Cash or Personal Checks Accepted For Exams.)