



OREGON BOARD OF MEDICAL IMAGING

800 NE Oregon Street – Suite 1160A
Portland, OR 97232-2162
Phone: (971)673-0215 Fax: (971)673-0218
Website: www.oregon.gov/obmi
Email: obmi.info@state.or.us

Attach Applicant's
Photo Here.

(not necessary if we
have one within
previous six years.)

(A photocopied picture
will NOT be accepted.)

INITIAL PERMIT APPLICATION FOR FLUOROSCOPY LIMITED PERMIT

The Fluoroscopy Permit is Only Available to Physician Assistants Actively Licensed in Oregon

A **NONREFUNDABLE PERMIT FEE** must accompany this application, by check or money order, payable to "OBMI."
Use the online fee calculator (<http://www.oregon.gov/OBMI/Pages/Fee-Calculator.aspx>) to determine initial fee.

NOTE: Incomplete information, including necessary documents and funds, will delay issuance of your permit.

Part 1: About You

Last Name:	First Name:	Middle name:	
Other last names used:	Ethnic Background:	Gender:	
Date of Birth:	Driver's License No.	State Issued in:	
Height:	Weight:	Hair Color:	Eye Color:

Part 2: Personal Contact Information*

Mailing Address (or P.O. Box):		
City:	State:	Zip Code:
Cell Phone No:	Home Phone:	
Home Email Address:	Work Email Address:	
Social Security Number:		

**Personal contact information not released unless legally compelled.*

Part 3 – Your Physician Assistant License

Oregon PA License Number:	Date First Issued:	Date of Most Recent Renewal:	PA License Expiration Date:
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(for Office Use Only)

Date Entered into ARRT

OBMI No.

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Part 4: Employer Information

Name of Employer:			
Address of Employer:	City:	State:	Zip:
Employer Phone No.	Employer Fax:		
Name of Supervising Physician:		License No. of Supervising Physician:	

Part 5: ARRT Fluoroscopy Examination Results

Results of the ARRT Fluoroscopy Examination: Passing Exam Score _____ Date Exam Taken _____

Part 6: Criminal History Information

PLEASE READ CAREFULLY--FULL DISCLOSURE MANDATORY:

As part of the permit application process, a criminal history check will be completed on *all* new or renewal applicants. Note that a criminal record is not necessarily a disqualifier from licensure, but it *must* be fully reported, no matter how long ago or how minor the felony or misdemeanor infraction, including arrests that were not subsequently pursued in court. If our criminal history check uncovers a verified incident that you did not report, the result may be a civil penalty and permanent disciplinary record, and it may delay the issuance of your permit.

1. Have you ever been cited, arrested or convicted of a felony or misdemeanor, including DUI? You *must* report an incident even if the result was diversion or probation, or if the charges were dropped or dismissed; many such incidents continue to appear in criminal databases that we check.

YES _____ NO _____

2. Do you have any pending disciplinary investigations, or have you ever had any other professional license subject to disciplinary action against you, in Oregon or elsewhere?

YES _____ NO _____

Supporting Documentation Required: If you answered “YES” to either question above, you must provide a letter of explanation regarding each incident, including date, location, circumstances, and penalty (if any) imposed. You must provide copies of any and all police reports and court documents that are available through the police department or courthouse where the incident(s) occurred.

If you are uncertain about what to report or how to provide documentation, contact OBMI at 971-673-0215 or at info.obmi@state.or.us and we will assist you in completing this section.

Part 7: Fluoroscopy Permit Agreement

1. In consideration of my receiving a fluoroscopy permit from the Oregon Board of Medical Imaging, I do hereby agree to abide by Oregon laws and administrative rules pertaining to the practice of medical imaging. I understand that violating Oregon laws or rules in the practice of medical imaging may result in disciplinary action against my permit, up to and including revocation.
2. I understand that performing fluoroscopy without a fluoroscopy permit or with an expired fluoroscopy permit is a direct violation of Oregon statutes and rules and may result in disciplinary action by the OBMI.
3. I understand that practicing with this permit is only valid if I have an active Oregon physician assistant license and an active signed agreement with a supervising physician, and I am performing medical duties which fall within the scope of the signed practice agreement.
4. I understand that I must have either my supervising physician or else a licensed radiologic technologist in the fluoroscopy room at all times when I am performing fluoroscopy. If the radiologic technologist is in the room and my supervising physician is not in the room, then my supervising physician must at least be in the building.
5. I am aware that I must update the OBMI if there are any changes in my home address or employment situation, including any change to my practice agreement. For this purpose, there is an "Updated Information Form" that can be found at the OBMI home page at www.oregon.gov/obmi.
6. I am aware that the OBMI has the authority to conduct a criminal history background check through state and national criminal justice agencies, and may require me to complete a fingerprint background check to facilitate a background check.
7. By signing this permit application, I certify that the information appearing on this application is accurate and true to the best of my knowledge.

Signature of Applicant:

Date:

CHECKLIST: WHAT MUST BE INCLUDED WITH THIS APPLICATION:

1. Nonrefundable permit fee: Use the *online fee calculator* (<http://www.oregon.gov/OBMI/Pages/Fee-Calculator.aspx>) to determine your initial permit fee, or else call the office at 971-673-0215 to find out your initial permit fee. Fee must be paid by check or money order made out to O.B.M.I.
2. Verification of physician assistant licensure in good standing from the Oregon Medical Board, indicating active, locum tenens, or military/public health active registration. (<https://techmedweb.omb.state.or.us/Clients/ORMB/Public/VerificationRequest.aspx>)
3. Documentation of criminal history and license violation history, as required in Part 6 of this application.
4. A copy of your signed active practice agreement with your supervising physician.
5. A passport-size (2" x 2" portrait) color photograph, if we don't already have one.

- All Application fees are non-refundable.
- Allow 5-7 working days for processing, once all required documents are received.
- If you need help filling out this application, please contact OBMI at the address below.
- Mail or deliver your application to:

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