



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 SONOGRAPHER LICENSE
To Calculate License Fee:

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

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		
_____	_____	_____	For Office Use Only		
Social Security No. (Mandatory)	Date of Birth:	Gender			
_____	_____	_____			
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			
_____		_____			

(For Office Use Only)		OBMI License No.
Deposit No.	LEDS Verified:	
_____	_____	_____

Part 2: Credentialing (Your Registry Must Be Current!)

(You are "NOT" eligible to apply if you are on Continuing Education (CE) Probation with the registry.)

My **ARDMS** Registry Number is: _____.

You must also attach a copy of your **ARDMS Wallet Card** to this application.

My **ARRT** Registry Number is: _____.

You must also attach a copy of your **ARRT Wallet Card** to this application.

My **CCI** Registry Number is: _____.

You must also attach a copy of your **CCI Wallet Card** to this application.

If you are not currently credentialed with any of the Board recognized registries representing the modalities in which you operate, please call our office for further assistance. Phone: 971-673-0215.

Have you had a license (*temporary or permanent*) to practice Sonography 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: _____

Subspecialty Chart

(Put An "X" in the Box That You Have Credentials In.)

Registry:

<u>ARDMS</u>	AB <small>Abdomen</small>	AE <small>Adult Echocardiography</small>	BR <small>Breast Specialty</small>	FE <small>Fetal Echocardiography</small>	NE <small>Neurosonology</small>	OB <small>Obstetrics & Gynecology</small>	PE <small>Pediatric Echocardiography</small>	VT <small>Vascular Technology</small>	Other
RDCS									
RDMS									
RVT									

Registry:

<u>ARRT</u>	S <small>Sonography</small>	BS <small>Breast Sonography</small>	VS <small>Vascular Sonography</small>						Other

Registry:

<u>CCI</u>	RCCS <small>Registered Congenital Cardiac Sonographer</small>	RCS <small>Registered Cardiac Sonographer</small>	RPhS <small>Registered Phlebology Sonographer</small>	RVS <small>Registered Vascular Specialist</small>					Other

Part 3: Education in Medical Imaging – Sonography

If you did not receive educational training through a college or specialty program for this modality indicate your medical imaging education. If you were trained entirely on the job in medical imaging for this modality mark “**N/A**” (Not Applicable.)

Name of College or Program

Address City State Zip-Code

Phone Number +Area code Medical Imaging or Modality Education Completion Date

Part 4: If You Work With A Temporary or Traveling Agency: (Provide the following information, If applicable.)

Name of Temporary Agency You're Working For: (If More than One: Please List Additional Agencies on a Separate Sheet)

Mailing Address City State Zip Code

Contact Person Agency Phone Number+Area Code Agency Fax Number+Area Code

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Part 5: 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.) (____) 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 6: 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 Photocopy of Your Registry Card.**
- A Color Photograph (2" x 2").**
- A Personal Check, Money Order or Cashier's Check for the correct from our license fee calculator. You can find the calculator it at: http://www.oregon.gov/OBMI/fee_calc.shtml
- Also - If you have had 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?