

42601 XXXX \$ 120.00

42601 0803 \$ 25.00 (Late Fee – Remit if Your Renewal Application is not Received Prior To Your License 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

MEDICAL IMAGING LICENSE RENEWAL FORM

Mark the appropriate box with an "X" the modality license type you are renewing.

Cost \$120.00 (For 2-Years)

- | | |
|---|---|
| <input type="checkbox"/> Radiation Therapist | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Radiology Practitioner Assistant | <input type="checkbox"/> Registered Radiologist Assistant |
| <input type="checkbox"/> Nuclear Medicine Technologist | <input type="checkbox"/> Sonographer |
| <input type="checkbox"/> Magnetic Resonance Imaging (MRI) | |

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 Maiden /or/ Name(s) Used
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Your Home Mailing Address (Or P.O. Box)

City	State	Zip-Code
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Your Personal Email Address:	OBMI No.
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For Office Use Only

Home Phone Number + Area Code	Cell Phone Number + Area Code	(Other) Phone Number + Area Code
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Oregon Employer (or Prospective)	Supervisor's Name	Supervisor's Title	Start Date
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Your Work's Address	City	State	Zip Code
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Work Phone Number + Area Code	Work Fax Number + Area Code
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For Office Use Only: (Deposit No.)	LEADS Verified:	License No.
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Part 2: Credentialing (You Must Attach A Photocopy of Each Current Registry Card.)

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

ARRT Registry No. _____	Expiration Date: _____	Are You CE Compliant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ARMIT Registry No. _____	Expiration Date: _____	Are You CE Compliant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
ARDMS Registry No. _____	Expiration Date: _____	Are You CE Compliant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CBRPA Registry No. _____	Expiration Date: _____	Are You CE Compliant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
CCI Registry No. _____	Expiration Date: _____	Are You CE Compliant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
NMTCB Registry No. _____	Expiration Date: _____	Are You CE Compliant?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

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

Part 3: 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 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 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 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 recent arrest.)

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Part 4: 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.

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 Renewal Checklist -

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

- Application.
- A Photocopy of Your Registry Card(s).**
- A Personal Check, Money Order or Cashier's Check for the Amount **\$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 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?