



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

TEMPORARY INITIAL LXMO PERMIT – For Practical's
Cost: \$30.00

Mark all of the categories that apply:

Core Module

Skull / Sinus

Spine

Chest

Extremities

Podiatry

To be eligible for a Temporary Initial Permit you "MUST" have passed the Core Module and at least One (1) Anatomic Area with a Score of 70% or Higher.

Incomplete information, including all necessary documents and funds will delay your permit. Allow 5- Working Days for processing provided you do not have criminal history.

Part 1: About You

Last Name:		First Name:		Middle Name:	
Other Maiden or Last Names You've Used:			Ethnic Background:		Gender:
Date of Birth:	Height:	Weight:	Hair Color:	Eye Color:	
Social Security No:	Driver's License No:	State Issue In:		OBMI No:	

Part 2: Contact Information

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

Part 3: Where Did You Get Your Education?

What School or Facility did you attend to get your Limited Permit Education?			
Mailing Address of School / College:	City:	State:	Zip Code
Instructor's Name from your School / College:	School / College Phone No.		
Graduation Date:	Have You Had A Limited Permit In Any Other State?	Yes	No If Yes, Which State(s)?

Part 4: Exam Grades and Permits in Other States

List your ARRT Exam Scores for each Anatomical Area You've Taken and Passed. (Passing Score Must be 70% or Higher to Apply.)						
Core:	Skull/Sinus:	Spine:	Chest:	Extremities:	Podiatry:	Bone D:

Part 5: Employer

Name of Your Employer (or Prospective):			
Address of Employer:	City:	State:	Zip-Code
Employer's Phone No.	Employer's Fax No.	Start Date:	
Your Supervisor's Name:		Your Supervisor's Title:	

(For Office Use Only)	Deposit No.	LEDS Verified?	OBMI Permit No.	Date Application Was Received
			Expiration Date:	

Part 6: Supervising Physician's Signature

I certify that _____ will be under my supervision while practicing radiologic Technology at the facility listed in **Part 5 (Employer)** of this application

Physician's Signature_____
Physician's Printed Name & Degree_____
Date**Part 7: 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 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 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 8: 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 Color Photograph (2" x 2").***
- Your Physician's Signature & Printed Name.***
- A Photocopy of Your Course Completion Certificate.***
- A Personal Check, Money Order or Cashier's Check for \$30.00.***
- Also - If you have had recent 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).