

TEMPORARY INITIAL LIMITED SCOPE RADIOGRAPHY PERMIT

OREGON BOARD OF RADIOLOGIC TECHNOLOGY
www.oregon.gov/radtech

DO NOT TAKE FILMS/IMAGES BEFORE YOUR PERMIT IS ISSUED!

Complete all parts of the application. Your temporary limited scope radiography permit will be issued in one or more areas depending upon which categories were completed at an OBRT approved course of study.

Temporary limited scope permittees employed in diagnostic radiography must be under the supervision of an Oregon-licensed physician/practitioner. (Refer to Parts 5 & 6.)

The application fee for a temporary limited scope radiography permit is non-refundable.

SOCIAL SECURITY NUMBER

As part of your application for a temporary limited permit issued by the Oregon Board of Radiologic Technology (OBRT), you are required to provide your Social Security Number (SSN) is mandatory. SSN reporting is required by Internal Revenue Service per ORS 305.385 (3) relating to failure to pay or file taxes; by the Scholarship Commission per ORS 348.393-348.399 relating to student loan defaults; and by the Division of Child Support per ORS 25.785 relating to enforcement of child support obligations.

Failure to provide your SSN will be a basis to refuse to issue the license you seek. Although a number other than your SSN appears on the face of the license issued by OBRT, your SSN will remain on file with OBRT. This record of your SSN will be used for purposes listed above only, unless you authorize other uses of the number.

FEES

The **non-refundable** temporary limited scope radiography permit fee (\$24.00) must accompany your application. Please make your check payable to OBRT and mail your application, accompanying documents and fee to:

**OBRT
800 NE Oregon St., Suite 1160A
Portland, OR 97232**

**Allow 5-WORKING DAYS for processing, provided you do not have criminal history.
Applicants with criminal history must appear and be approved by the Board.**

42601 0813 \$ 24.00

TEMPORARY INITIAL LIMITED SCOPE RADIOGRAPHY PERMIT

OREGON BOARD OF RADIOLOGIC TECHNOLOGY

PHONE: (971) 673-0215

FAX: (971) 673-0218

**READ THE INSTRUCTIONS BEFORE
COMPLETING THE APPLICATION.**

Incomplete information,
including necessary documents,
will delay your licensure.

**STAPLE
APPLICANT'S
PHOTOGRAPH**

A PHOTOCOPIED PICTURE WILL
NOT BE ACCEPTED

PART 1 VITAL STATISTICS (You must update any changes within 30 days.)

Last Name	First Name	Middle Name
Home Address	Social Security #	
City	State	Zip
Date of Birth	Residence Phone # with area code	Cell Phone # with area code
E-mail: _____		

* Have you **EVER BEEN ISSUED** a temporary permit to practice limited scope diagnostic radiography in Oregon? Yes No

If you answer yes to either of these, please provide the expiration date of licensure: _____

PART 2 CATEGORY OF PERMIT REQUESTED

42601 0813 Temporary Initial Limited Scope Radiography Permit Fee: **\$24.00**

**Allow 5-WORKING DAYS for processing, provided you do not have criminal history.
Applicants with criminal history must appear and be approved by the Board.**

(For internal use only)	Permit # _____	Expires: _____
<input type="checkbox"/> Core Module <input type="checkbox"/> Chest <input type="checkbox"/> Extremities	<input type="checkbox"/> Skull/Sinuses <input type="checkbox"/> Spine	<input type="checkbox"/> Podiatric Radiography
<input type="checkbox"/> Bone Densitometry Equipment Operator	School: _____	EOT: _____

PART 3 – APPLICATION FOR TEMPORARY LIMITED SCOPE OF PRACTICE IN RADIOGRAPHY

Check the Appropriate Box(es) & Provide Requested Information

I have successfully completed the classroom requirements of a Board-approved limited scope of practice in **CORE Module** and at least one of the following OR a Bone Densitometry course:

- Extremities
- Skull/Sinuses
- Bone Densitometry Equipment Operator
- Chest
- Spine
- Podiatric Radiography

PART 4 – EDUCATION IN LIMITED SCOPE OF PRACTICE IN RADIOGRAPHY

You must have completed a course of study from an Oregon Board approved Limited Scope Radiography School or Private Career School.

Attach a copy of your “Course Completion Certificate”

Name of Board Approved School

City State & Zip

Phone number including area code: _____ Course Completion Date: _____

Printed Program Directors Name: _____

Printed Instructor’s Name: _____

PART 5 - EMPLOYMENT INFORMATION

Are you currently using ionizing radiation on a human being for diagnostic purposes under the supervision of a licensed health care practitioner in Oregon? **Yes** **No**

Are you currently serving an externship **only** at this facility? **Yes** **No**

PLEASE COMPLETE THE INFORMATION BELOW (regardless of your answers above)

Oregon employer and/or Externship Site

Phone # with area code _____ FAX # with area code: _____

Mailing address City State Zip

Do you work for more than one employer? If yes, you must have a supervising physician signature on file for all employers you may use a separate sheet to list additional employers.

PART 6 - PHYSICIAN'S SIGNATURE

I certify that _____ will be under my supervision while practicing radiologic technology at the facility listed in Part 5.

Physician's signature

Date signed

Physician's Printed Name & Degree

PART 7 - ARREST AND CONVICTION RECORD

The Board will conduct a criminal records check through the Law Enforcement Data System (LEDS). Have you ever had an **arrest** (Including any arrests that were later dismissed) that has not been reported to the board?

Misdemeanor Yes _____ No _____

Felony Yes _____ No _____

Have you ever had a **conviction** that has not been reported to the board?

Misdemeanor Yes _____ No _____

Felony Yes _____ No _____

Do you have any pending disciplinary investigations or have you had any professional license subject to disciplinary action in Oregon or another State or by any licensing agency?

Yes _____ No _____

If you answered "yes" to any of the above, please provide your **letter of explanation**, listing the violation(s) on a separate sheet. Include the (1) date, (2) place of your arrest, (3) circumstances, and (4) penalty imposed, and (5) **provide copies of the police report and court documents.**

PART 8 - AGREEMENT

In consideration of my receiving a temporary permit from the Oregon State Board of Radiologic Technology, I do hereby agree to abide by Oregon laws and administrative rules pertaining to the practice of radiologic technology (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 ON AN ONLINE:

"UPDATE INFORMATION FORM" AT: www.oregon.gov/radtech WITHIN 30 DAYS.

I certify that the information appearing on this application is accurate and true to the best of my knowledge. I am aware the Board will conduct a criminal records check through the Oregon State Police, Law Enforcement Data System (LEDS) and if necessary, fingerprint cards may be required for a nationwide criminal records check.

Signature of applicant

Date

ALL APPLICATION FEES ARE NON-REFUNDABLE