



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 RADIOGRAPHER LICENSE
Cost \$30.00
 - Good for Six (6) months. Board approval required for additional renewal. -

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 | |
| 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: | Expiration Date: |

Part 2: Other Licensing

Have you had a license (Temporary or Permanent) to practice radiologic technology in the State of Oregon; or in any other state? ____ **Yes** ____ **No**

If yes, please provide us with the State you're licensed in: _____

License No. _____ **Expiration Date:** _____

Part 3: Education in Radiologic Technology

Please provide the following information regarding your education in Radiologic Technology.

Name of College or Program **Instructors Name**

Printed Oregon Program Director's Name **Oregon Program Director's Signature**

Address **City** **State** **Zip-Code**

Phone Number +Area code **Date of Graduation** **Attendance Start Date** to **Attendance Finish Date** **Date Diploma Was Awarded**

Part 4: Physician's Signature

I hereby certify that _____ will be under my supervision while Practicing radiologic technology at the facility listed in Part 1 of this application.

Physician's Signature **Physician's Printed Name & Degree** **Date**

Part 5: 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 6: 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.**

Part 7: 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](http://www.oregon.gov/OBMI) 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 Temporary Initial Application Checklist -

*Before Mailing Your Temporary Initial Application
Please Check To See If You Remembered and Included All the Required Documents.*

Application.

A Color Photograph (2" x 2").

A Personal Check, Money Order or Cashier's Check for the amount of \$30.00.

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?