



OREGON BOARD OF MEDICAL IMAGING  
800 NE Oregon Street – Suite 1160A  
Portland, OR 97232-2162

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Website: <http://www.oregon.gov/OBMI>  
Email: [OBMI.Info@obmi.oregon.gov](mailto:OBMI.Info@obmi.oregon.gov)

*For Office Use Only*

**Approval Number**

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## Continuing Education Approval Request Form

\*We Only Accept Electronic Versions of This CE Form When You Submit Your Request.\*

### Program Activity Information:

Lecture or Presentation Title: \_\_\_\_\_

Speaker's Name: Title and Degree / Certification: \_\_\_\_\_

Lecture Location (Facility): \_\_\_\_\_ Lecture Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Activity: City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Coordinator's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip-Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Email: \_\_\_\_\_

### Method of Confirming Attendance: *(Check The Appropriate Box Below.)*

We Use:  Sign-In Sheet(s):  At The Beginning On Class.  At The End Of Class

Electronic Attendance Monitoring:  Yes  No

Other: \_\_\_\_\_

### Continuing Education Data:

How Many Hours Of CE Is Being Requested For This Class/Lecture? (Min. Is 50- Minutes) \_\_\_\_\_

Format of Presentation:  Lecture  Video  Audio  Internet (Web)

### Check The Modality(s) Your Presentation Is Intended For:

Limited Permit (LXMO)  MRI Technologist  Nuclear Medicine Technologist

Radiographer  Radiation Therapist  Sonographer

### Anatomical Categories: *(If you choose Radiation Use & Safety (RU&S) – You Can Only Pick One Category.)*

Bone Densitometry Equipment Operator

Podiatry

Chest

Radiation USE & SAFETY

Cultural Diversity

Skull / Sinuses

Extremities

Spine

Patient Care

**Continuing Education Data:** (Please Note Here How Your Class Relates To Each Modality That You Indicated This Offering Is For.)

**Presentation Outline / Description**

1.) Please attach a complete outline of your presentation here or provide a separate document.

Has the program been presented by this speaker previously to our Board?  **Yes**  **No**

If “Yes” then indicate the approval number you were given. \_\_\_\_\_

What were the date(s) your presentation was presented? \_\_\_\_\_

What were the locations you gave your presentations? \_\_\_\_\_

☺ **If The Same:** If the same class is offered more than once within your “Approval Biennium” the class will be given the same OBMI Approval Number and the presentation can only be claimed once within a biennium for continuing education credit.

☺ **If Modified:** If the program is modified from the class previously offered during the current “Approval Biennium”, you must provide a written description of how the program has been modified to represent current changes in the profession. If program changes are not indicated, the class will be given the same OBMI Approval Number as the previous offering. (The same class offered more than once, with no program changes, can only be claimed once in a Biennium for CE credit.

**Speaker’s Credentials:** Attach a Curriculum Vita. (1- Page Maximum for “Each” Speaker. Send as a separate document if needed.

**Name:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Degree / Certification / License:** \_\_\_\_\_

**Practice / Work Experience / Employer:** \_\_\_\_\_

**Following The Class You Must:** Scan and Email the following documents to: [OBMI.Info@obmi.oregon.gov](mailto:OBMI.Info@obmi.oregon.gov)

- 1.) **A Completed Course Evaluation Summary Form; and**
- 2.) **Completed Course Attendance Form.**

*The Oregon Board of Medical Imaging (OBMI) reserves the right to deny or withdrawal approval of any educational activity that does not meet the quality standards represented by the material(s) submitted; or anything that advertises, misleads or makes false representation to participants, or that does not meet the criteria of the OBMI Continued Education program. The OBMI also reserves the right to monitor without notice any continuing Education Offering it has approved. Continuing Education must be pertinent to the subject of Medical Imaging for which the license or permit was issued. (ORS 688.505)*