



OREGON BOARD OF MEDICAL IMAGING
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Website: <http://www.oregon.gov/OBMI>

Email: OBMI.Info@state.or.us

License Verification Request

*List The Licensee's Name & License Number Below That You Are Asking To Verify.
Fill this out completely and mail it to the address listed on the top of this form.*

(Last Name)

(First Name)

(Middle Name)

(Licensee's OBMI Medical Imaging License Number)

Please Mail License Verification To:

Business Name

Street Address

City

State

Zip Code

Business Telephone No.

Business Fax No.

Who Do We Send This Attention To?

Business Email Address

I, the licensee authorize the Oregon Board of Medical Imaging to provide verification of licensure to the above mentioned name or entity.

(Signature)

(Date)

*****No Fee for License Verifications - Please Email, Mail, or Fax this Form to us.*****