



**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](mailto:OBMI.Info@state.or.us)

**STAPLE  
 APPLICANT'S  
 PHOTOGRAPH  
 HERE**

A Photocopied Picture  
 Will **NOT** Be Accepted

**PERMANENT INITIAL M.R.I. LICENSE**  
 (Magnetic Resonance Imaging Technologist)  
**To Calculate License Fee:**  
 Use Our [Fee Calculator](#) Found On Our Website.

*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.)

<hr/> <b>Last Name</b>	<hr/> <b>First Name</b>	<hr/> <b>Middle Name</b>	<hr/> <b>Other Name(s) / Maiden Used</b>	
<hr/> <b>Social Security No. (Mandatory)</b>	<hr/> <b>Date of Birth:</b>	<hr/> <b>Gender</b>	For Office Use Only	
<hr/> <b>Ethnic Background</b>	<hr/> <b>Color of Eyes</b>	<hr/> <b>Color of Hair</b>		<hr/> <b>Weight</b>
<hr/> <b>Height</b>	<hr/> <b>Name of Medical Imaging School</b>	<hr/> <b>Graduation Date</b>		<hr/> <b>Driver's License No. &amp; State</b>
<hr/> <b>Your Home Mailing Address (or P.O. Box)</b>		<hr/> <b>City</b>	<hr/> <b>State</b>	
<hr/> <b>Zip Code</b>				
<hr/> <b>Home Phone Number + Area Code</b>	<hr/> <b>Cell Phone Number + Area Code</b>	<hr/> <b>(Other) Phone Number + Area Code</b>		
<hr/> <b>Home Email Address</b> (Protected From Release Unless Legally Compelled)		<hr/> <b>Your Work Email Address</b>		
<hr/> <b>Oregon Employer (or Prospective)</b>	<hr/> <b>Supervisor's Name</b>	<hr/> <b>Supervisor's Title</b>	<hr/> <b>Start Date</b>	
<hr/> <b>Your Work's Address</b>		<hr/> <b>City</b>	<hr/> <b>State</b>	
<hr/> <b>Zip Code</b>				
<hr/> <b>Work Phone Number + Area Code</b>	<hr/> <b>Work Fax Number + Area Code</b>			
<hr/> <b>(For Office Use Only)</b>	<hr/> <b>LEDS Verified:</b>	<hr/> <b>OBMI License No.</b>		
<hr/> <b>Deposit No.</b>				



**Part 5: 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 6: 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](mailto: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 Photocopy of Your Registry Card(s).**
- A Color Photograph (2" x 2").
- A Personal Check, Money Order or Cashier's Check for the correct amount from the [Fee Calculator](#) on our website.
- Also - If you have had 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).