



**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)

**PERMANENT RENEWAL MEDICAL IMAGING LICENSE**

**Cost: \$124.00**

(\$120.00 for a two year license + \$4.00 Workforce Survey Surcharge.)

**YES!** I Have Completed the Health Workforce Questionnaire Online  
 Found on the OBMI Home Page at: <http://www.oregon.gov/obmi>

Enter the Survey Completion Code, provided at the end of the questionnaire: \_\_\_\_\_

- |  |  |
|--|--|
| <input type="checkbox"/> Radiation Therapist (0821)              | <input type="checkbox"/> Radiographer (0812)                     |
| <input type="checkbox"/> Radiology Practitioner Assistant (0812) | <input type="checkbox"/> Registered Radiologist Assistant (0812) |
| <input type="checkbox"/> Nuclear Medicine Technologist (0831)    | <input type="checkbox"/> Sonographer (0825)                      |
| <input type="checkbox"/> Magnetic Resonance Imaging (0829)       |  |

*Incomplete information, including necessary documents and funds will delay your license. Allow 5- Working Days for processing provided you do not have criminal history. Mail your completed application to the name and address listed above.*

**Part 1: About You.**

|                                    |                         |                     |                     |
|------------------------------------|-------------------------|---------------------|---------------------|
| Last Name:                         | First Name:             | Middle Name:        | Maiden/ or<br>Other |
| Social Security No.<br>(Mandatory) | Driver's<br>License No. | State<br>Issued In: | OBMI No.            |

**Part 2: Contact Information.**

|                                |                        |          |  |
|--------------------------------|------------------------|----------|--|
| Mailing Address (or P.O. Box): |                        |          |  |
| City:                          | State:                 | Zip-Code |  |
| Cell Phone No.                 | Home Phone No.         |          |  |
| Home<br>Email Address:         | Work<br>Email Address: |          |  |

(Protected From Release Unless Legally Compelled)

**Part 3: Oregon Employer (Or Prospective)**

|                                   |                     |                  |
|-----------------------------------|---------------------|------------------|
| Oregon Employer (or Prospective): |                     |                  |
| Employer's Address:               |                     |                  |
| City:                             | Zip-Code:           | Work Phone No:   |
| Supervisor's Name:                | Supervisor's Title: | Your Start Date: |

Date Application Was Received

|                            |             |                |                  |
|----------------------------|-------------|----------------|------------------|
| <i>For Office Use Only</i> | Deposit No. | LEDS Verified? | OMBI License No. |
|                            |             |                |                  |

**Part 4: Credentialing – Mark All That Apply. (You Must Attach A Photocopy of Each Current Registry Card.)**

(You are not eligible to apply if you are on Continuing Education (CE) Probation with the registry.)

|                           |                        |                       |                          |     |                          |    |
|---------------------------|------------------------|-----------------------|--------------------------|-----|--------------------------|----|
| ARRT Registry No. _____   | Expiration Date: _____ | Are You CE Compliant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| ARMRIT Registry No. _____ | Expiration Date: _____ | Are You CE Compliant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| ARDMS Registry No. _____  | Expiration Date: _____ | Are You CE Compliant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| CBRPA Registry No. _____  | Expiration Date: _____ | Are You CE Compliant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| CCI Registry No. _____    | Expiration Date: _____ | Are You CE Compliant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |
| NMTCB Registry No. _____  | Expiration Date: _____ | Are You CE Compliant? | <input type="checkbox"/> | YES | <input type="checkbox"/> | NO |

**If you are not currently credentialed with any of the Board recognized registries representing the modalities in which you operate, please call our office for further assistance. Phone: 971-673-0215.**

**Part 5: Personal Background History** (See "[Criminal Background Checks – Frequently Asked Questions.](#)")

The Oregon Board of Medical Imaging requires a complete criminal history check for every applicant applying for a medical imaging license at the time of initial application; and at each renewal thereafter. All medical imaging applicants in Oregon are required to report any and all prior arrests, pending arrest warrants, guilty pleas, nolo contendere (no contest) pleas, deferred adjudications, pre-trial diversion, convictions, and any matter where probation or community service was and/or is involved. The only exception to this criminal reporting requirement is for routine traffic tickets that do not involve an arrest.

Criminal history is not necessarily a disqualification from licensure. Failure to fully disclose all prior criminal history may result in a monetary fine and a permanent disciplinary record. All disciplinary records are reported to any and all registry's that you are credentialed with. If your answer to Question No. 1 is "**Yes**", you must provide the following documents, and they must be submitted with your initial application or renewal.

- Mail the Board A Copy of Your **Arrest Report** for each arrest.
- Mail the Board A Copy of Your **Court Document** for each arrest.
- Mail the Board A Copy of Your **Personal Letter of Explanation** for each arrest.

|  |                          |            |                          |           |
|--|--------------------------|------------|--------------------------|-----------|
| 1.) <b>Since your last license was issued or renewed have you been Arrested (Detained) and/or Convicted for any Crime (except Minor Traffic Violations)?</b><br>(See " <a href="#">Criminal Background Checks Frequently Asked Questions.</a> ") | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> |
| 2.) <b>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?</b>                                      | <input type="checkbox"/> | <b>YES</b> | <input type="checkbox"/> | <b>NO</b> |

**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 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 Once All Required Documents Are Received.

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 Renewal Checklist -

Before Mailing Your Renewal Please Check To See If You Remembered All the Required Documents.

- Application.
- A Photocopy of of Your Registry Card(s).**
- A Personal Check, Money Order or Cashier's Check for the Amount **\$124.00.**
- A Late Fee for the Amount of **\$25.00.** This only applies if your renewal is not completed online or received in the OBMI office prior to your expiration date expiration.
- Also - If you have had recent background history – did you include all 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).
- YES!** I Have Completed the Health Workforce Questionnaire Online  
Found on the OBMI Home Page at: <http://www.oregon.gov/obmi>
- Enter the Survey Completion Code, provided at the end of the questionnaire: \_\_\_\_\_

## RENEW ONLINE!



You also have the option to  
“**Renew your Permanent License Online**”

Use the following Link:

<https://hrlb.oregon.gov/obmi/renewals/index.asp>

*This option is only available up to 30-days after your license expires.  
After that time you must mail your application & payment into our office for processing.*



Accepted Payment is by Credit or Debit Card.  
Your Card Must Have A Visa Or MasterCard Logo On it.

**OREGON BOARD OF MEDICAL IMAGING**

**CRIMINAL BACKGROUND CHECKS FREQUENTLY ASKED QUESTIONS**

**WHY DO WE REQUIRE CRIMINAL BACKGROUND CHECKS?**

The Board reviews criminal history as part of the application process, including police records, court records, and an applicant's letter of explanation for each incident. Because OBMI issues licenses for people to work in a highly-specialized profession that deals with patients who may be in a vulnerable position, the Board needs to know if applicants have engaged in certain kinds of conduct, as listed in ORS 688.525.

**WILL PAST CRIMINAL ACTION DISQUALIFY MY APPLICATION?**

Prior criminal history does not automatically disqualify an applicant from licensure. The Board evaluates each application on an individual basis.

**WHAT DO I NEED TO REPORT?**

You must report all prior arrests and criminal court actions that have not been previously reported to the Board, along with a letter of explanation for each incident. Here are some examples:

|   | <b><u>REPORT IT?</u></b> |
|---|--------------------------|
| • Arrested by the police while a juvenile.....  | Yes                      |
| • Arrested and/or convicted <i>long ago</i> ...several decades ago.....                           | Yes                      |
| • Drunk driving arrest, but received diversion from the court.....                                | Yes                      |
| • Arrested for a domestic disturbance for which no complaint was ever filed.....                  | Yes                      |
| • I completed all probation requirements and the case was dropped or dismissed.....               | Yes                      |
| • Arrested and/or convicted but the incident has not shown up on any prior background checks..... | Yes                      |
| • The charges were later dropped or dismissed.....  | Yes                      |
| • I received a citation for a simple misdemeanor, but was <u>not</u> detained by police.....      | Yes                      |
| • The police later admitted that they arrested me by mistake.....                                 | Yes                      |
| • Stopped for a speeding violation or other minor traffic violation .....                         | No                       |

**WHAT IF MY ATTORNEY TOLD ME THAT MY RECORD WAS "EXPUNGED"?**

Some applicants confuse *dismissal* with *expungement*, but they are not the same. The only action that can fully erase a criminal arrest and conviction in Oregon is an *expungement*. There is a statutory process for having a record expunged. You do not need to report an arrest/conviction that has been expunged; but if it has not been expunged, you *must* report it with your application.

**HOW DOES OBMI COMPLETE THE CRIMINAL BACKGROUND CHECK?**

For *first-time* license and permit applicants, the OBMI submits your fingerprints to the FBI and the Oregon State Police, to complete a comprehensive background check that will uncover most any prior arrest or court action from any state, no matter how minor or how long ago it occurred, including arrests in which the charges were later dropped. For renewal applicants, the OBMI completes a criminal background check through the Oregon State Police.

**WHAT IF I AM UNABLE TO OBTAIN ARREST RECORDS AND COURT RECORDS?**

We require copies of any available police reports and court documents for each incident in which you were involved, if there was an arrest and/or court action. If you are having a difficult time obtaining records from a police department or courthouse, please call our office at 971-673-0215 and let us know. Even if you cannot obtain records, you *must* report the arrest and/or conviction on your application, along with a letter explaining what happened.

**WHAT IF I REPORTED THE ARREST/CONVICTION ON A PREVIOUS APPLICATION?**

If you have already reported an incident on your initial application or renewal application, you do not need to report that information to us again.

**WHAT HAPPENS IF I FAIL TO REPORT AN ARREST OR COURT ACTION?**

Any failure to fully disclose criminal history will be reviewed by the Board and may be subject to a civil penalty and permanent disciplinary action against your license.

**IF YOU HAVE QUESTIONS:**

Do not hesitate to call the OBMI office a 971-673-0215. Or you may Email Us at: [OBMI.Info@state.or.us](mailto:OBMI.Info@state.or.us)