



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: vincent.mandina@state.or.us

For Office Use Only

Approval Number

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: vincent.mandina@state.or.us

- 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)