



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

Email: OBMI.info@OBMI.oregon.gov

Temporary Post-Primary Licensure Supervising Form

Include this form with Online Application or Renewal in the appropriate section.

Supervisor: OBMI licensed technologist who is licensed in the same modality as the modality listed on the temporary post-primary license.

I hereby certify that,

OBMI Technologist's Name

will be under my supervision while practicing the medical imaging modality at the facility (employer)

listed in this application.

Supervisor's Signature

Supervisor's Printed Name

Title

Date