



OREGON BOARD OF MEDICAL IMAGING
800 NE Oregon Street – Suite 1160A
Portland, OR 97232-2162

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Website: <http://www.oregon.gov/OBMI>

Email: OBMI.info@OBMI.oregon.gov

Temporary Licensure Supervising Form

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

Supervisor: Licensed Physician OR an individual licensed by the Board and credentialed by a credentialing organization in the medical imaging modality identified on the temporary license.

I hereby certify that,

Applicant's Name

will be under my supervision while practicing medical imaging at the facility (employer) listed in this application.

Supervisor's Signature

Supervisor's Printed Name

Title

Date