



Oregon Board of Medical Imaging
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Portland, OR 97232-2162
Phone: 971-673-0215 / Fax: 971-673-0218
Website: <http://www.oregon.gov/OBMI>
Email: OBMI.Info@state.or.us

SUPPLEMENTAL CRIMINAL HISTORY FORM

Use as many of these criminal history forms as needed. Please number your sheets at the bottom of this page.

Applicant's Full Name: _____ Social Security No: _____

Instructions: List your past arrests in chronological order. Make sure you staple the arrest report along with the court document(s) along with your letter of explanation together separately for each arrest. Unorganized reports will be returned which will delay the processing of your application.

Date of Offense:	Arresting Agency:	Location:	Charge:
Description Of Offense:			
Disposition:			
<input type="checkbox"/> Yes! I have included the Arrest Report for this arrest. (Your arrest report will only be available from the arresting agency. (i.e. Sheriff, Police Department, State Police....) The courthouse will not have your arrest report.			
<input type="checkbox"/> Yes! I have included my Court Document(s) for this arrest. (Court documents will only be available at the courthouse where you were arraigned and/or a judgement was imposed on you.)			

Date of Offense:	Arresting Agency:	Location:	Charge:
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Disclosure: Failure to submit or disclose accurately "ALL" required criminal history can be grounds for disciplinary action and a possible civil penalty. (OAR 337-010-0023(1)through(15) and OAR 337-030-0010)(g)(i)). If you need help filling out this criminal history form please contact our office at: 971-673-0215.

Applicant Signature: (Required) _____ Date: _____