



**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 INITIAL LICENSE APPLICATION INSTRUCTIONS**

**Application Checklist:**

To avoid any delays in processing, please ensure that you have completed all [fingerprint](#) and [application requirements](#) at the time of submission.

**Fingerprint-Based Background Check**

“First Time Applicants” must include an additional \$52.00 Fingerprint Background Check Fee. The fingerprint fee is in addition to your License/Permit fee and it must be included along with your application fee.

Applicants must obtain their fingerprints from a “Fieldprint” facility. Fieldprint instructions and contact information are on the next page of this application packet. Follow their instructions closely. Your application will not be completed until we receive the results of your fingerprint check from the Oregon State Police.

Fingerprint fees are non-refundable. You will also be charged a fee to capture and process your fingerprints at the Fieldprint office. If you have further questions concerning this process please call Fieldprint at 1-877-614-4364.

**License Application**

(Complete all the information asked for on the application. Incomplete applications will be returned.)

**1- Passport Size Photograph of Yourself.**

(Only professional like quality photos will be accepted. No computer generated photos.)

**Application Processing Fee.**

License Fees can be calculated off the main page of our website [Found Here](#).

(Initial Payment must be a Personal Check, Money Order, or Cashier’s Check Only. Sorry No Cash. Make Your Payment Payable To: **OBMI**)

Exactly what arrest information about past criminal history is the Board looking for?

Read the last page on this application titled “[Criminal Background Checks Frequently Asked Questions](#)”.

**Criminal History.**

 You need to report **ALL FELONY CONVICTIONS** no matter how long ago.

 You need to report all other arrest(s) or convictions within the immediate past Four (4) years, even if the charges were later reduced or dropped.

1.) **A Copy of your Police Report for each arrest you report.** (Your Arrest Report will only be available at the agency that arrested you. The courthouse will not have your arrest report.)

2.) **A Copy of your Court Document(s) for each arrest you report.** (Your court documents will be available where you were arraigned and/or where a judgement was imposed on you.)

3.) **A Personal Letter of Explanation for each arrest.** (You need to sign and date your letter.)

Exactly what arrest information about past criminal history is the Board looking for?

Read the last page on this application titled “[Criminal Background Checks Frequently Asked Questions](#)”.

**Detailed Report(s) of Any Disciplinary Action Taken Against You By Another State.**

If you have had a license denied in any other state, or if you have had any other Board action taken against you or your license, you must include a photocopy of that Agency/Board Order action with your application.

*Falsifying an application, supplying misleading information or withholding information may be grounds for denial or revocation of licensure. Failure to disclose may result in a monetary fine including permanent disciplinary action on your record. (OAR 337-030-0010 (3)(D)(g)).*

*Before taking medical images, Oregon law mandates that all medical imaging technologists have an active license, or permit for Limited X-Ray (LXMO) issued by the Oregon Board of Medical Imaging. Any failure to comply with Board statutes and rules may result in a monetary fine and a permanent record of disciplinary action against a license or permit.*

ORS 688:455



## INSTRUCTIONS FOR USING FIELDPRINT

To obtain electronic fingerprints for the Board of Medical Imaging for fingerprinting from a location within or outside the State of Oregon.

To schedule a fingerprinting appointment, please follow these simple instructions listed below:

1. Visit [www.FieldprintOregon.com](http://www.FieldprintOregon.com).
2. Click on “Schedule an Appointment” button.
3. Enter an email address under “New Users/Sign Up” and click the “Sign Up” button. Follow the instructions for creating a Password and Security Question and then click “Sign Up and Continue.”
4. Enter this Employer Code for the Board of Medical Imaging:  
**FPORBdMedImagingLicDAS.**
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. At the end of the process, print the Confirmation Page. Take the Confirmation Page with you to your fingerprint appointment, along with two forms of identification.
  - a. If you have any questions or problems, you may contact our customer service team at 1-877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).



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Applicants Staple Your  
 Photograph Here

A Photocopied Picture  
 Will Not Be Accepted.

## Permanent Initial Medical Imaging License Application

Allow 10-15 Working Days For Processing.  
 Mail your completed application to the address listed above. Use [The Fee Calculator](#) On Our Website To Determine The Correct License Fee.

<input type="checkbox"/> <b>Magnetic Resonance Imaging Technologist</b>  <input type="checkbox"/> <b>Nuclear Medicine Technologist</b>  <input type="checkbox"/> <b>Radiation Therapist</b>  <input type="checkbox"/> <b>Radiographer (Radiologic Technologist)</b>	<input type="checkbox"/> <b>Radiology Practitioner Assistant</b>  <input type="checkbox"/> <b>Registered Radiologist Assistant</b>  <input type="checkbox"/> <b>Sonographer (Ultrasound Technologist)</b>
Enter your License Fee (from <a href="#">Fee Calculator</a> )    \$ _____ +    \$ _____ (Background Fee) =    \$ _____    ☞ Pay This Amount	

**Part 1: About You.**

Last Name:		First Name:		Middle Name:	
Other Last / Maiden Names You've Used:			Ethnic Background:		Gender:
Date of Birth:	Weight:	Height:	Eye Color:	Hair Color:	
Social Security No. (Mandatory)			Driver's License No.		State Issued In:

**Part 2: Contact Information**

Mailing Address (Or P.O. Box):					
City:		State:		Zip-Code	
Cell Phone No.			Home Phone No.		
Home Email Address:			Work Email Address:		

(Protected From Release Unless Legally Compelled)

**Part 3: Where Did You Get Your Education?**

What School or Facility did you attend to get Your Medical Imaging Education?				Check This Box If You Received "On-The-Job Training".		Yes <input type="checkbox"/>
Mailing Address of College/School:		City		State:	Zip-Code:	
Contact Person From That College/School:		College/School Phone No:		Graduation Date:		

**Part 4: Employer Information**

List Your Oregon Employer's (or Prospective) Name: <i>(If you don't have an employer write "N/A" then go to Part 5.)</i>						
Work Address:		City:		State:		Zip-Code:
Supervisor's Name:		Supervisor's Title:		Your Start Date (If Applicable):		
Employers Phone No:						

**Part 5: "Travelers Only" Section**

Are you currently working for a "Traveling Agency"? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If you answered "No" skip this section and go on to Part 6.</i>					
If you are working for a traveling agency List Company's Name Here:			Phone No:		
Address:		City:		State:	Zip Code:

<small>(For Office Use Only)</small>	Deposit No.	LEDS Verified?	OMBI License No.

**Part 6: Credentialing – (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.)

Name of Registry _____	Reg. No. _____	Exp. Date: _____	C.E. Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name of Registry _____	Reg. No. _____	Exp. Date: _____	C.E. Compliant? <input type="checkbox"/> YES <input type="checkbox"/> NO

If you are not currently credentialed with any of the Board’s recognized registries representing the modalities in which you operate please call 971-673-0215.

**Part 7: Personal Background History** (See [“Criminal Background Checks – Frequently Asked Questions.”](#))

**Please Read Carefully – Criminal History Disclosure Is Mandatory.**

As part of the license process, a criminal history check will be completed on all new or renewal applicants. Note that a criminal record is not necessarily a disqualifier from licensure. However, information about certain types of offenses must be reported and documented, even if the charges were dismissed, reduced or later dropped. If you fail to report an incident that are required to be reported, the outcome can result in a civil penalty. Disciplinary cases become a permanent part of your record. We are required to report all disciplinary cases to the National Practitioners Database. The Board also reports disciplinary cases to your national registry.

For the following incidents, you must report the incident by checking a “YES” or “NO” box.  
If you check any “YES” box, you must provide both an arrest report and the court document for each arrest.

*\*\* Your Arrest Record will only be available from the arresting agency. (Sheriff – Police – State Police)*  
*\*\* Your Court Record will only be available from the courthouse where you appeared.*  
*(The courthouse will not have your arrest record.)*

<b>YES</b>	<b>NO</b>
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- |   |  |  |
|---|--|--|
| 1.) Any felony conviction, no matter how long ago.  |  |  |
| 2.) Any Arrest for a felony, if the arrest occurred within four years from the date that the Board receives your application. This applies even if the charges were later reduced or dropped.                 |  |  |
| 3.) Any misdemeanor conviction that occurred after your 18 <sup>th</sup> birthday and that is within 4- years from the time the Board receives your application.  |  |  |
| 4.) Any misdemeanor arrest for a crime against a person that occurred after your 18 <sup>th</sup> birthday and that occurred within 4- years from the date that the Board receives your application.          |  |  |
| 5.) Any misdemeanor arrest for intoxicants or illegal drugs that occurred after your 18 <sup>th</sup> birthday and that occurred within 4- years from the date that the Board receives your application.      |  |  |
| 6.) Do you have any pending or completed disciplinary investigations or actions taken against you by any licensing agency or imaging registry that you have not yet reported to the Board of Medical Imaging? |  |  |



**USE THIS SUPPLEMENTAL CRIMINAL HISTORY FORM TO REPORT CRIMINAL HISTORY THAT THE BOARD REQUIRES YOU TO DISCLOSE.**



**Part 8: Agreement**

As part of your application for initial or renewed occupational or professional license, certification, or registration issued by the Board of Medical Imaging, you are required to provide your Social Security number (SSN) to the Board. This is mandatory. The authority for this requirement is ORS 25.785, ORS 305.385, 42 USC §405(c)(2)(C)(i), 42 USC § 666(a)(13), and 41 CFR 61.7. Failure to provide your SSN will be a basis to refuse to issue or renew the license, certification, or registration you seek. This record of your SSN is used for child support enforcement and tax administration purposes (including identification). The Board will use your SSN for these purposes only, unless you authorize other uses of the number. Your SSN will remain on file with the Board.

I have examined this application and certify that it is true, correct, and complete. I understand that knowingly making a false statement on this application will be cause for denial, suspension, or revocation of my license.. I have enclosed the required fees and documentation.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

ORS 181.534, 670.280, 688.455, 688.515, 688.525, 688.557 authorize the Board to conduct criminal background checks and the office requests that you voluntarily provide your Social Security number for this purpose. I understand my application may be subject to a criminal background check. Before issuing a default final order, the Board must determine the military status of a Respondent, under 50 USC App § 521(b) (Supp. 2005). Your Social Security Number may be used in order to verify your military status (or lack thereof).

If any disciplinary action is taken against your license, certification, or registration, your Social Security Number may be reported to the National Practitioner Data Bank (NPDB) under Title IV of Public Law 99-660, the Health Care Quality Improvement Act of 1986 (Title IV); Section 1921 of the Social Security Act (Section 1921); Section 1128E of the Social Security Act (Section 1128E); and their implementing regulations found at 45 CFR Part 60. I hereby voluntarily consent to disclose my Social Security number to the Board for criminal background checks, verification of military status, and reports to the National Practitioner Data Bank (NPDB). Failure to provide your Social Security number for these purposes will not be used as a basis to deny your application, or to deny you any right, benefit or privilege provided by law. If you consent to the use of your Social Security number by the Board for these purposes, it may be used only for these purposes.

\_\_\_\_\_  
Signature of Applicant \_\_\_\_\_  
Date

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.

## FREQUENTLY ASKED QUESTIONS ABOUT CRIMINAL BACKGROUND CHECKS

### **WHY DOES THE OREGON BOARD OF MEDICAL IMAGING 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?**

<b><u>With any initial or renewal application, you must report specific arrests and criminal court actions that <u>have not been previously reported</u> to the Board. Those actions that must be reported are:</u></b>	<b><u>REPORT IT?</u></b>
1. Any felony <u>conviction</u> , no matter how long ago .....	Yes
2. Any <u>arrest</u> for a felony, if the arrest occurred within four years from the date that the Board receives your application .....	Yes
3. Any misdemeanor <u>conviction</u> that occurred after your 18 <sup>th</sup> birthday and that is within 4 years from the time the Board receives your application.....	Yes
4. Any misdemeanor <u>arrest</u> for a crime against a person that occurred after your 18 <sup>th</sup> birthday and within 4 years from the date that the Board receives your application.....	Yes
5. Any misdemeanor <u>arrest</u> for intoxicants or illegal drugs that occurred after your 18 <sup>th</sup> birthday and within 4 years from the date that the Board received your application (including DUII that resulted in diversion by the court.) .....	Yes
<b><u>Some examples/questions to consider, when deciding what to report: If I have any of the above five categories of offenses, that have <u>not</u> been previously reported to the Board, do I need to report them if...</u></b>	
	<b><u>REPORT IT?</u></b>
• I was 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
• I was arrested and/or convicted but the incident has not shown up on any prior background check?..	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
• I was 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.

### **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 REQUIRED ARREST RECORDS AND COURT RECORDS?**

We require copies of any available police reports and court documents for each incident that must be reported, if there was an arrest and/or court action. If you cannot obtain the arrest records or court records, you must provide a letter from the respective police department and/or court stating that the records regarding your arrest or court action are not available.

### **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 it 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.

**QUESTIONS:** Do not hesitate to call the OBMI office a 971-673-0215 or email to [OBMI.info@state.or.us](mailto:OBMI.info@state.or.us).



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## 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"/> <b>Yes! I have included the Arrest Report for this arrest.</b> (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"/> <b>Yes! I have included my Court Document(s) for this arrest.</b> (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:
Description Of Offense:			
Disposition:			
<input type="checkbox"/> <b>Yes! I have included the Arrest Report for this arrest.</b> (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"/> <b>Yes! I have included my Court Document(s) for this arrest.</b> (Court documents will only be available at the courthouse where you were arraigned and/or a judgement was imposed on you.)			

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: \_\_\_\_\_