

No Charge



# 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)

## Duplicate License Request Form

I am requesting a Duplicate License for the following reason:

**My License Certificate Was Lost and I would like a replacement.**  
(Skip Section 1 and Only Complete Section 2.)

**I'm Adding A New Certification or Anatomical Area to my existing license.**  
(Complete both Section 1 and Section 2.)

### Section 1: Instructions for adding to your license.

**Everyone:** Fill in your Oregon Board of Medical Imaging (OBMI) license number. **Include a photocopy of your "Credential Card"** and/or a copy of your **"Proof of Issue"** from your Exam results.

**Permanent License Holders:** Under "I am adding" list the Subspecialty or New Modality that you are adding to your existing license.

**LXMO Permit Holders:** Under "I am adding" list the Anatomical Area you are adding to your existing permit.

<input type="checkbox"/> <b>LXMO Permit No:</b> _____ <i>I am adding:</i> _____	<input type="checkbox"/> <b>Radiographer License No:</b> _____ <i>I am adding:</i> _____
<input type="checkbox"/> <b>MRI License No:</b> _____ <i>I am adding:</i> _____	<input type="checkbox"/> <b>Radiation Therapist No:</b> _____ <i>I am adding:</i> _____
<input type="checkbox"/> <b>Nuclear Medicine License No:</b> _____ <i>I am adding:</i> _____	<input type="checkbox"/> <b>Sonographer License No:</b> _____ <i>I am adding:</i> _____

### Section 2: About You

#### Please Mail My Duplicate License or Permit To:

Last Name:	First Name:	Middle Name	
Maiden and/or Other Name Used:			
Mailing Address:	City:	State:	Zip-Code:
Home Telephone	Cell Phone:		
Personal Email Address:	Work Email Address		
Drivers License No:	State of Issue:	OBMI License No.	

I, the licensee request the Oregon Board of Medical Imaging to provide me with a duplicate medical Imaging license with the changes on it that I have indicated above.

Licensee or Permit Holder Signature

Date