



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

Supervising Physician

Or Oregon Licensed Technologist Signature

You must upload a copy of this form completely filled out & signed to your Online Application in the appropriate section.

Signature of Supervising Physician or Oregon Licensed Technologist

I hereby certify that,

_____ *Technologist or Applicant's Name*

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

listed in this application.

Supervisor's Signature

Supervisor's Printed Name

Title

Date