



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

Updated Information Form

Use this form to update your personal or work information.
Mail or fax this form back to the address or phone number listed above.
Print or type only. This form must be signed before any changes will be made in your file.

I Would Like To Update My Records With The Following Changes (Check All That Apply.)

- New Address New Employer New Supervising Physician (LXMO Only)
- Name Change (You Must Attach A Photocopy of A Legal Document Showing This Change (Example: Driver's License or Marriage Certificate, etc.))

About You:

Last Name	First Name	Middle Name	Maiden/Other
Mailing Address		City	State Zip Code
Cell Phone No.	Home Phone No.	Email Address:	
OBMI License No.	Driver's License No. / State	Last 4 of Social Security No. (Mandatory)	

New Employer Information: () This is my Primary Employer. () This is my Secondary Employer.

Employer's or Facility Name:			
Employer Address		City	State Zip Code
Business Phone No.	Business Fax No.		
Supervisor's Name:		Your Start Date:	

Supervising Physician Information: (This Section Is For Limited Permit Holder's Only.)

Your Supervising Physician Fills Out The Information In The Box Below.

I certify that _____, will be under my supervision while practicing Medical Imaging at the facility listed above.
Physicians Printed Name and Title (Example: DC, DPM, MD, DO.) _____
Physicians Signature: _____

Licensee or Permit Holder's Signature: (Changes will not be made without a signature & date.)

I, (the Licensee/Permit Holder declare that the above information is true to the best of my Knowledge.

Signature: _____

Date: _____