



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

**STAPLE
APPLICANT'S
PHOTOGRAPH
HERE**

A Photocopied Picture
Will **NOT** Be Accepted

PERMANENT INITIAL LXMO PERMIT

To Calculate The Correct Amount To Mail In – Please Use The [Fee Calculator](#) On Our Website

Mark all of the categories that apply:

- | | | |
|---|---|--|
| <input type="checkbox"/> Core Module | <input type="checkbox"/> Skull / Sinus | <input type="checkbox"/> Spine |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Extremities | <input type="checkbox"/> Podiatry |

To be eligible for a Permanent Initial Permit you "MUST" have passed the Core Module and at least One (1) Anatomic Area with a Score of 70% or Higher. You must also have completed the Practical Experience required to license in those categories.

Incomplete information, including all necessary documents and funds will delay your permit. Allow 10-15 Working Days for processing provided you do not have criminal history. Mail your completed application to the name and address listed above.

Part 1: About You

Last Name:		First Name:		Middle Name:	
Other Maiden or Last Names You've Used:			Ethnic Background:		Gender:
Date of Birth:	Weight:	Height:	Hair Color:	Eye Color:	
Social Security No:	Driver's License No:	State Issue In:		OBMI No:	

Part 2: Contact Information

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

Part 3: Where Did You Get Your Education?

What School or Facility did you attend to get your Limited Permit Education?			
Mailing Address of School / College:		City:	State: Zip Code
Instructor's Name from your School / College:		School / College Phone No.	
Graduation Date:	Have You Had A Limited Permit In Any Other State?	Yes	No
		If Yes, Which State(s)?	

Part 4: Exam Grades

List your ARRT Exam Scores for each Anatomical Area You've Taken and Passed. (Passing Score Must be 70% or Higher to Apply.)

Core:	Skull/Sinus:	Spine:	Chest:	Extremities:	Podiatry:	Bone D:
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Part 5: Your Employer

Name of Your Employer (or Prospective):			
Address of Employer:		City:	State: Zip-Code
Employer's Phone No.		LXMO's Start Date:	
Your Supervisor's Name:		Your Supervisor's Title:	

<i>(For Office Use Only)</i>	LEDS Verified?	OMBI License No.	
Deposit No.		Expiration Date:	

Date Application Was Received.

Part 6: Supervising Licensed Physician, Licensed Nurse Practitioner or a Licensed Physician Assistant Signature.

I certify that _____ will be under my supervision while practicing radiologic technology at the facility listed in **Part 5 (Employer)** of this application

Physician's Signature

Physician's Printed Name & Degree

Date

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.)

YES

NO

- | | YES | NO |
|---|-----|----|
| 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 th 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 th 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 th 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** with your questions.

- OBMI Permanent LXMO Permit Checklist -

Before Mailing Your Exam Application
Please Check To See If You Remembered All the Required Documents.

- Your **Permanent Initial LXMO Permit Application.**
- A Professional **Color Photographer** of Yourself (2" x 2" – Passport Size)
- Your **Physician's Signature & Printed Name.**
- A **Photocopy of Your "Course Completion Certificate".**
- A Photocopy of your "**Practical Experience Form**"
(Must Be Signed Off By An Oregon Licensed R.T.)
- A **Personal Check, Money Order or Cashier's Check** for the correct amount.
(This amount can be calculated by using the [Fee Calculator](#) on our Website.)
- Also – If you have had criminal background history – did you include all of the following required documents.
 - 1.) **A Copy of your Police Report(s) for each arrest.** (Your arrest record 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.** (Your court documents will be available where you were arraigned and/or a judgement was imposed on you.)
 - 3.) **A Personal Letter of Explanation for each arrest.** (You need to sign and date your letter.)

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?

<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>	<u>REPORT IT?</u>
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 th 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 th 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 th birthday and within 4 years from the date that the Board received your application (including DUIL that resulted in diversion by the court.)	Yes
<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>	
	<u>REPORT IT?</u>
• 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.



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

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

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: _____