

STATE OF OREGON



Board of Medical Imaging

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www.oregon.gov/OBMI

PRACTICAL EXPERIENCE EVALUATION REQUIREMENTS Limited Scope Training Programs in Diagnostic Radiologic Technology

July 2018

OREGON -- STEPS TO OBTAIN OR ADD-TO A LIMITED X-RAY PERMIT

All Applications and Forms Available at:

<https://www.oregon.gov/OBMI/Pages/For-Limited-X-Ray-Permit-Applicants.aspx>

1. Complete a limited x-ray course of instruction that is recognized by the Oregon Board of Medical Imaging. Obtain a signed and dated course completion certificate from the school.
2. Apply for the ARRT exam through the OBMI office. No later than 12 months from the date on your course completion certificate, you must first pass the ARRT CORE exam and then deliver to the OBMI office an application for an initial six-month temporary permit in the anatomic areas that you passed in school. (At any time during that period, you may also sign up for separate exam modules in any anatomic areas that you completed in school.)
3. Within twelve months from the date you deliver to OBMI an application for an initial temporary permit, you must pass the ARRT examination in any anatomic areas you wish to practice in, complete practical experience requirements, and deliver to OBMI an application for a permanent permit in those anatomic areas.
4. You can renew an initial six-month temporary permit one time, for a second six-month temporary permit. To renew a temporary permit, the renewal application must be received at the OBMI office no later than the date of expiration of the initial temporary permit.
5. Renewal of a temporary permit in an anatomic area is contingent upon having applied for, and sat for, the ARRT exam in that anatomic area.
6. Complete practical requirements as specified in the OBMI document entitled "Practical Experience Evaluation Requirements" dated July 2018; and
7. Deliver an application for a permanent limited permit to the OBMI office within 12 months of the date that the application for an initial temporary permit was delivered to the OBMI.
8. You can only qualify for a *permanent* limited permit in anatomic areas for which you completed school, passed the ARRT exam with at least a 70% score, and completed practical experience requirements as specified starting on page 6 of the OBMI document entitled "Practical Experience Evaluation Requirements, July 2018."
9. If you meet the requirements of Paragraph (8), you must deliver to OBMI your application for a permanent permit no later than twelve months from the date you delivered to OBMI an application for an initial temporary permit, or within seven days from the time you complete all practical experience requirements, whichever comes first.
10. **To add an anatomic area to an existing permanent permit:** Once a LXMO permit holder completes an approved educational program to add an anatomic area to their permanent permit, the applicant may apply for a temporary permit to complete practical experience requirements in that anatomic area. The applicant has one year from the date on the course completion certificate to complete practical experience requirements, pass the ARRT examination for that anatomic area, and apply for a permanent permit in the anatomic area. The applicant is eligible for two six-month temporary permits, which can extend no later than 12 months from course completion. The applicant must have

taken the ARRT exam to qualify for the second temporary permit. The applicant does not need to pass the CORE exam to add an anatomic area.

Qualified Practical- Experience Evaluators

The Practical-Experience Evaluators must be a person designated in OAR 337-010-0030(2)(f)(A).

About Practical-Experience Evaluations

Practical-experience evaluations may be completed in one of the following ways:

ON-SITE – The evaluator is on-site, observes the student independently doing the actual radiographic exams, including setting radiographic factors, and completes an “On-Site Evaluation Form” for each procedure that is observed.

PEER POSITIONING – The evaluator is not present when the radiographic exams are performed. The student brings the radiographs to the evaluator along with a list of all pertinent technical factors and radiographic accessories used to obtain the radiographs. The student uses a peer as a substitute patient in order to demonstrate how the patient is positioned and what technical factors are used in order to make the radiographs. The evaluator completes a “Peer Positioning Practical Experience Evaluation Form” for each procedure that is observed.

The Practical-Experience Evaluator is responsible for completing one evaluation form for each of the anatomic areas evaluated.

At least 80 Points are required on each anatomic area for the fulfillment of the Practical-Experience Requirements.

Upon completing the Practical-Experience Evaluation, the evaluator will provide the student with copies of the evaluation forms. In addition, when the student has successfully passed the evaluation, the evaluator will provide a signed certificate of completion. The student will then forward a copy of the signed certificate or the evaluation forms to the Board.

NOTE: Practical-Experience Evaluators must retain the Evaluation Forms for two (2) years.

PRACTICAL EXPERIENCE REQUIREMENTS

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
CHEST	Chest	PA Upright Lateral Upright	AP Supine AP Upright Lateral Decubitus Posterior Oblique Anterior Oblique AP Lordotic	PA Upright Lateral Upright AP Lordotic AP Supine AP Upright Lateral Decubitus Posterior Oblique Anterior Oblique
	CHEST: TOTAL ALL REQUIRED AND ELECTIVE	Complete a total of at least five views, including the required exam (two views) plus any combination of required or elective views equaling five (minimum).		
SKULL/ SINUS	Skull	PA (Caldwell) Lateral	PA AP Axial (Towne) Submentovertical	PA PA Caldwell Lateral AP Axial (Towne) Submentovertical
	Facial Bones	Parietoacanthial (Waters) PA (Caldwell) Lateral	PA (modified Waters)	PA Caldwell Parietoacanthial (Waters) Lateral PA (modified Waters)
	Mandible		PA (Caldwell) AP Axial (Towne) Semilateral	PA Caldwell AP Axial (Towne) Semilateral
	Zygomatic Arches		Parietoacanthial (Waters) Submentovertical	Parietoacanthial (Waters) Submentovertical

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
SKULL & SINUS (con't)	Nasal Bones	PA (Caldwell) Parietoacanthial (Waters) Laterals		PA Caldwell Parietoacanthial (Waters) Laterals
	Orbits		PA (Caldwell) Parietoacanthial (Waters) Lateral	PA Caldwell Parietoacanthial (Waters) Lateral
	Paranasal Sinuses	PA (Caldwell) Parietoacanthial (Waters) Lateral	Submentovertical Open Mouth (Waters)	PA Caldwell Parietoacanthial (Waters) Submentovertical Lateral Open Mouth Waters
	SKULL & SINUS: TOTAL ALL REQUIRED AND ELECTIVE	Must complete a total of at least 15 views, including four required exams (11 views) plus an additional four views from either the required or elective list.		
EXTREMITIES	Toes		AP Oblique Lateral	AP Oblique Lateral
	Foot	AP w/Angle toward Heel Medial Oblique Mediolateral	Lateral Weight Bearing Sesamoids, Tangential Lateral Oblique Lateromedial AP Weight Bearing	AP w/Angle toward Heel AP Weight Bearing Medial Oblique Lateral Oblique Mediolateral Lateromedial Lateral Weight Bearing Sesamoids, Tangential
	Calcaneus (Os Calcis)		Lateral Plantodorsal, Axial Dorsoplantar, Axial	Lateral Plantodorsal, Axial Dorsoplantar, Axial

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
EXTREMITIES (cont'd)	Ankle	AP Oblique, 45° Internal Mediolateral	AP Mortise AP Stress Views	AP AP Mortise Mediolateral Lateromedial Oblique, 45° Internal
	Tibia, Fibula	AP Lateral	Oblique	AP Lateral Oblique
	Knee	AP Mediolateral	PA Axial (Tunnel) AP Weight Bearing PA Lateromedial Lateral Oblique 45° Medial Oblique 45°	AP PA Mediolateral Lateromedial PA Axial (Tunnel) AP Weight Bearing Lateral Oblique 45° Medial Oblique 45°
	Patella	Do one view from elective list	Lateral Supine Flexion 45° (Merchant) PA One "Sunrise" view method Prone Flexion 90° (Settegast) Prone Flexion 55° (Hughston)	Lateral PA Supine Flexion 45° (Merchant) Prone Flexion 90° (Settegast) Prone Flexion 55° (Hughston)
	Femur (Distal)	AP Mediolateral	Lateromedial	AP Mediolateral Lateromedial
	Fingers		PA Finger Oblique Finger Lateral Finger AP Thumb Oblique Thumb Lateral Thumb	PA Finger Oblique Finger Lateral Finger AP Thumb Oblique Thumb Lateral Thumb

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
EXTREMITIES (cont'd)	Hand	PA Oblique Lateral		PA Oblique Lateral
	Wrist	PA Oblique 45° Lateral	PA for Scaphoid Scaphoid (Stecher) Carpal Canal	PA Oblique 45° Lateral PA for Scaphoid Scaphoid (Stecher) Carpal Canal
	Forearm	AP Lateral		AP Lateral
	Elbow	AP Lateral	External Oblique Internal Oblique AP Partial Flexion Axial Trauma (Coyle)	AP Lateral External Oblique Internal Oblique AP Partial Flexion Axial Trauma (Coyle)
	Humerus		AP Lateral Scapular Y AP Neutral Transthoracic Lateral	AP Lateral AP Neutral Scapular Y Transthoracic Lateral
	Shoulder	AP Internal Rotation AP External Rotation	AP Neutral Transthoracic Lateral Scapular Y One Axial view method Inferosuperior Axial Superoinferior Axial Posterior Obl. (Grashey) Tangential	AP Internal Rotation AP External Rotation Inferosuperior Axial Superoinferior Axial Posterior Obl. (Grashey) Tangential AP Neutral Transthoracic Lateral Scapular

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
EXTREMITIES (cont'd)	Scapula		AP Lateral, Anterior Oblique Lateral, Posterior Oblique	AP Lateral, Anterior Oblique Lateral, Posterior Oblique
	Clavicle		AP AP Angle 15-30° Cephalad PA Angle 15-30° Caudad	AP AP Angle 15-30° Cephalad PA Angle 15-30° Caudad
	Acromioclavicular Joints		AP Bilateral With and Without Weights	AP Bilateral With and Without Weights
	EXTREMITIES: TOTAL OF ALL REQUIRED AND ELECTIVE	Must complete at least 29 views, which must include the eleven required exams (25 views), plus an additional four views (minimum) which may be selected from either the <i>required</i> or <i>elective</i> list.		
SPINE	Cervical Spine	AP Angle Cephalad AP Open Mouth Lateral	Anterior Obliques Posterior Obliques Lateral Swimmers Lateral Flexion Lateral Extension	AP Angle Cephalad AP Open Mouth Lateral Anterior Oblique Posterior Oblique Lateral Swimmers Lateral Flexion Lateral Extension
	Thoracic Spine	AP Lateral Exhalation Lateral Swimmers	Lateral Breathing Posterior Oblique 70° Anterior Oblique 70°	AP Lateral Swimmers Lateral Breathing Lateral Exhalation Posterior Oblique 70° Anterior Oblique 70°

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
SPINE (con't)	Lumbar Spine	AP Lateral L5-S1 Lateral Spot	Posterior Oblique 45° Anterior Oblique 45° Lateral Flexion Lateral Extension PA AP L5-S1, 30-35° Cephalad AP Right and Left Bending	AP PA Lateral L5-S1 Lateral Spot Posterior Oblique 45° Anterior Oblique 45° AP L5-S1, 30-35° Cephalad AP Right and Left Bending Lateral Flexion Lateral Extension
	Sacrum and Coccyx		AP Sacrum, 15-25° Cephalad AP Coccyx 10-20° Caudad Lateral Sacrum and Coccyx (combined) Lateral Sacrum and Coccyx (separate)	AP Sacrum, 15-25° Cephalad AP Coccyx 10-20° Caudad Lateral Sacrum and Coccyx (combined) Lateral Sacrum and Coccyx (separate)
	Sacroiliac Joints		AP Posterior Oblique Anterior Oblique	AP Posterior Oblique Anterior Oblique
	Scoliosis Series		AP/PA Scoliosis Series (Ferguson)	AP/PA Scoliosis Series (Ferguson)
	SPINE: TOTAL OF ALL REQUIRED AND ELECTIVE	Must complete at least 16 views, which must include the three required exams (9 views), plus an additional seven views (minimum) which may be selected from either the <i>required</i> or <i>elective</i> list.		
PODIATRIC	Toes	Isolated Lateral	AP Oblique Lateral Lateral Hallux	AP Oblique Lateral Lateral Hallux

ANATOMIC CATEGORY	EXAM	MINIMUM PRACTICAL PROFICIENCIES		DIDACTIC REQUIREMENTS
		REQUIRED VIEWS	ELECTIVE VIEWS	
PODIATRIC (Con't)	Foot	AP Weight Bearing Medial Oblique Weight Bearing Lateral Weight Bearing	Sesamoids, Tangential Planter Axial Stress Lateral AP with Lesion Markers Lateral Oblique Lateromedial Isherwood Coalition	Dorsal Plantar (DP) DP with Lesion Markers Medial Oblique Lateral Oblique Mediolateral Lateromedial Sesamoids, Tangential AP Weight Bearing Lateral Weight Bearing Planter Axial Stress Lateral Isherwood Coalition
	Ankle	AP Lateral Mortise	Medial Oblique Inversion Stress Views Lateromedial AP Lateral Oblique Push/Pull Stress	AP AP Mortise Mediolateral Lateromedial Lateral Weight Bearing AP Medial Oblique AP Lateral Oblique Inversion Stress Views Push/Pull Stress
	Calcaneus (Os Calcis)	Lateral Axial		Lateral Plantodorsal, Axial Harris and Beath (ski-jump)
	PODIATRIC: TOTAL OF ALL REQUIRED AND ELECTIVE	Must complete at least 16 views, which must include the four required exams (9 views), plus an additional seven views (minimum) which may be selected from either the <i>required</i> or <i>elective</i> list.		