



**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 Your Completed Form To: [Obmi.Info@OBMI.oregon.gov](mailto:Obmi.Info@OBMI.oregon.gov)

Name: \_\_\_\_\_  
First Middle Last

Oregon APRN License No: \_\_\_\_\_

Date: \_\_\_\_\_

## Procedure Log

### APRN Limited Permit – Supervision In Fluoroscopy

*(Procedures must be completed within the previous 18- months from the date above.)*

Date	Location of Procedure	Procedure Performed by Applicant	Supervisor Printed Name & Signature	Suite Time -Minutes-	Fluro Time Minutes /Seconds	Dose In Units



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*Attach Any Supporting Statements, Documents, Certificates, etc. For Waiver Consideration*

Date	Location of Procedure	Procedure Performed by Applicant	Supervisor Printed Name & Signature	Fluoro Time Minutes / Seconds	Dose In Units