



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

Duplicate License Request Form

I am requesting a Duplicate License for the following reason:

My License Certificate Was Lost and I would like a replacement.
(Skip Section 1 and Only Complete Section 2.)

I'm Adding A New Certification or Anatomical Area to my existing license.
(Complete both Section 1 and Section 2.)

Section 1: Instructions for adding to your license.

Everyone: Fill in your Oregon Board of Medical Imaging (OBMI) license number. **Include a photocopy of your "Credential Card"** and/or a copy of your **"Proof of Issue"** from your Exam results.

Permanent License Holders: Under **"I am adding"** list the Subspecialty or New Modality that you are adding to your existing license.

LXMO Permit Holders: Under **"I am adding"** list the Anatomical Area you are adding to your existing permit.

<input type="checkbox"/> LXMO Permit No: _____ <i>I am adding:</i> _____	<input type="checkbox"/> Radiographer License No: _____ <i>I am adding:</i> _____
<input type="checkbox"/> MRI License No: _____ <i>I am adding:</i> _____	<input type="checkbox"/> Radiation Therapist No: _____ <i>I am adding:</i> _____
<input type="checkbox"/> Nuclear Medicine License No: _____ <i>I am adding:</i> _____	<input type="checkbox"/> Sonographer License No: _____ <i>I am adding:</i> _____

Section 2: About You

Please Mail My Duplicate License or Permit To:

Last Name:	First Name:	Middle Name
Maiden and/or Other Name Used:		
Mailing Address:	City:	State: Zip-Code:
Home Telephone	Cell Phone:	
Personal Email Address:	Work Email Address	
Drivers License No:	State of Issue:	OBMI License No.

I, the licensee request the Oregon Board of Medical Imaging to provide me with a duplicate medical Imaging license with the changes on it that I have indicated above.

Licensee or Permit Holder Signature

Date