



## 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](mailto:OBMI.Info@state.or.us)

## Permanent Initial or Temporary Initial License Application Requirements

### **Attention:**

Effective January 1st, 2015 all new “**first time**” Permanent Initial and Temporary Initial License and Permit applicants are required to undergo a National (FBI) Fingerprint Background Check. (ORS 688: 181.534(1)(2)(a)(b)(3) & OAR 337-010-0023(4) & OAR 337-021-0055.)

### **Application Checklist:**

To avoid any delays in processing, please ensure that you have completed all [fingerprint](#) and [application requirements](#) at the time of submission.

- Fingerprint-Based Background Check**  
“**First Time Applicants**” must include an additional **\$52.00 Fingerprint Background Check Fee**. **The fingerprint fee is in addition to your License/Permit fee and it must be included along with your application fee.** Applicants who are Oregon residents must obtain their fingerprints from a “**Fieldprint**” facility. Fieldprint instructions and contact information are on the next page of this application packet. Follow their instructions closely. Your application will not be completed until we receive the results of your fingerprint check from the Oregon State Police. Fingerprint fees are non-refundable. You will also be charged a fee to capture and process your fingerprints at the Fieldprint office. If you have further questions concerning this process please call Fieldprint at **1-877-614-4364**.  
**Out-of-State Applicants:** You may also use a Fieldprint facility in your own state. If you have any questions please call: 971-673-0537.
- License Application**  
(Complete all the information asked for on the application. Incomplete applications will be returned.)
- 1- Passport Size Photograph of Yourself.**  
(Only professional like quality photos will be accepted. No computer generated photos.)
- Application Processing Fee.**  
License Fees can be calculated from the main page of our website (<http://www.oregon.gov/obmi/Pages/index.aspx>) by using our Fee Calculator (<http://www.oregon.gov/OBMI/Pages/Fee-Calculator.aspx>).  
(Initial Payment must be a Personal Check, Money Order, or Cashier’s Check Only. Sorry No Cash. Make Payment Payable To: OBMI)
- Photocopy of your National Registry Credential Card(s).**  
(If you are registered with more than one registry include photocopies of all of them.) (**Note:** This Does Not Apply To Limited Permit Applicants.)
- Detailed Report(s) of All Past or Present Criminal History.**  
You Must Include all of the following:  
1.) **Police Reports** (For “All” Arrests) 2.) **Court Documents** (For “All” Arrests). 3.) **A Letter of Explanation** (For each arrest).  
**Incomplete applications will be returned.**  
If your court action ended In a **Diversion Program**, or if the charges were dropped or dismissed you must still report it. Do not include minor traffic violations and/or parking violations. Criminal background checks will be completed on all new or renewal applications. ***Criminal history is not necessarily a disqualification from licensure. Failure to fully disclose may result in a fine of \$500.00 and a permanent disciplinary record.***
- Detailed Report(s) of Any Disciplinary Action Taken Against You By Another State.**  
If you have had a license denied in any other state, or if you have had any Board action taken against you or your license, you must include a photocopy of that Agency/Board Order action with your application.

*Falsifying an application, supplying misleading information or withholding information may be grounds for denial or revocation of licensure. Failure to disclose may result in a civil penalty up to \$500.00 including permanent disciplinary action on your record. (OAR 337-030-0010 (3)(D)(g))*

## Oregon Board of Medical Imaging Frequently Asked Questions about Required Fingerprint-Base Background Checks

- 1.) **Question:** Who is required to be fingerprinted?  
**Answer:** **Effective January 1<sup>st</sup>, 2015 all new “*first time*” Permanent Initial and Temporary Initial License and Permit applicants are required to undergo a national (FBI) fingerprint background check.**  
(ORS 688: 181.534(1)(2)(a)(b)(3) & OAR 337-010-0023(4) & OAR 337-021-0055.)
- ☞ Affected medical imaging operators include all of the following:  
Nuclear Medicine Technologist, Magnetic Resonance Imaging Technologist, Radiation Therapist, Radiographers, Radiation Practitioner Assistants, Registered Radiologist Assistants, Sonographers, and LXMO (Licensed X-Ray Machine Operators) Permit Operator applicants.
- 2.) **Question:** What is the cost of this fingerprint requirement?  
**Answer:** **The fee for this service is \$52.00.** This fee must be included with your Initial license or Initial permit fee payable to the Oregon Board of Medical Imaging (OBMI).
- 3.) **Question:** Where can I go to get my fingerprints taken?  
**Answer:** ☞ **Oregon Residents:** Applicants who are Oregon residents must obtain their fingerprints from a “**Fieldprint**” facility. Fieldprint instructions and contact information are on the next page of this application packet. Follow their instructions closely. Your application will not be completed until we receive the results of your fingerprint check from the Oregon State Police. Fingerprint fees are non-refundable. You will also be charged a fee to capture and process your fingerprints at the Fieldprint office. If you have further questions concerning this process please call Fieldprint at: 1-877-614-4364.
- ☞ **Out-of State Residents** applying for an Initial License or Permit may also use a Fieldprint Facility in your state.
- 4.) **Question:** What do I need to take with me to a Fieldprint fingerprinting facility?  
**Answer:** When you go to the Fieldprint fingerprinting facility, you must bring **two forms of identification**. You will be required to bring and show at least one government-issued identification card that has your picture on it. Also bring your Fieldprint **confirmation page** as proof-of-payment.
- 5.) **Question:** Is there a fee the Fieldprint facility will charge me to have my fingerprints taken?  
**Answer:** Yes, Fieldprint facilities charge \$12.50 for this service.
- 6.) **Question:** How is my fingerprint results delivered to your office?  
**Answer:** The results of your fingerprint scan are electronically sent directly to our office through a secure site from the Oregon State Police.
- 7.) **Question:** My area in or out of Oregon does not have a Fieldprint field office available. What should I do?  
**Answer:** Contact our office for assistance.
- 8.) **Question:** How do I contact your office with any questions I might have?  
**Answer:** We can be reached by using any of the following three methods:
- 1.) **By Phone:** **971-673-0215.**
  - 2.) **By Email:** [OBMI.Info@state.or.us](mailto:OBMI.Info@state.or.us)
  - 3.) **By Walk In:** Our office is located at: **800 NE Oregon Street, Suite 1160A – Portland, OR 97232**  
Office hours are: **8:00 AM to 4:00 PM – Monday through Friday.**



## INSTRUCTIONS FOR USING FIELDPRINT

To obtain electronic fingerprints for the Board of Medical Imaging for fingerprinting from a location within or outside the State of Oregon.

To schedule a fingerprinting appointment, please follow these simple instructions:

1. Visit [www.FieldprintOregon.com](http://www.FieldprintOregon.com).
2. Click on **“Schedule an Appointment”** button.
3. Enter an email address under **“New Users/Sign Up”** and click the **“Sign Up”** button. Follow the instructions for creating a Password and Security Question and then click **“Sign Up and Continue.”**
4. Enter the Fieldprint Code for the Board of Medical Imaging: **FPORBdMedImagingLicDAS**.
5. Enter the contact and demographic information required by the FBI and schedule a fingerprint appointment at the location of your choosing.
6. **At the end of the process, print the Confirmation Page.** Take the Confirmation Page with you to your fingerprint appointment, **along with two forms of identification.**
  - a. If you have any questions or problems, you may contact our customer service team at 1-877-614-4364 or [customerservice@fieldprint.com](mailto:customerservice@fieldprint.com).



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STAPLE  
APPLICANT'S  
PHOTOGRAPH  
HERE

A Photocopied Picture  
Will **NOT** Be Accepted

### PERMANENT INITIAL BONE DENSITOMETRY EQUIPMENT OPERATOR PERMIT

To be eligible for a Permanent BONE-D Limited Permit you "MUST" have Taken and Passed the ARRT Bone-D Exam With A Score of 70% Or Higher.  
**Bone-D Applicant's Only "DO NOT" have to complete the Practical Experience Requirement To Obtain A Permanent Permit.**

Enter Your License Fee (from: [Fee Calculator](#)) \$ \_\_\_\_\_ + \$ \_\_\_\_\_ (Fingerprint Fee) = \$ \_\_\_\_\_  Pay This Amount

Incomplete information, including all necessary documents and funds will delay your permit. Allow 5- 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:			

#### 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 Score

List your ARRT Bone-D Exam Score. (Passing Score Must be 70% or Higher to Apply.)		
Grade:		

#### Part 5: Employer

Name of Your Employer (or Prospective):					
Address of Employer:		City:		State: Zip-Code	
Employer's Phone No.		Employer's Fax No.		Your Start Date:	
Your Supervisor's Name:			Your Supervisor's Title:		
(For Office Use Only)		LEDS Verified?		OMBI License No.	
Deposit No.				Expiration Date:	
Date Application Was Received.					

**Part 6: Supervising Physician's 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 (Read This Section Very Carefully!)**

A Criminal Fingerprint Background Check will be completed on all new or renewal applications. Criminal history is not necessarily a disqualification from licensure.

1.) **Have you ever been Cited; Arrested; or Convicted of a Felony or Misdemeanor?**

If you were ever given a diversion program or probation, or if the charge(s) were dropped or dismissed, you must also report all of those to the Board.

Yes

No

2.) **Do you have any pending disciplinary investigations, or have you ever had any other professional license subject to disciplinary action in Oregon, or another state, or by any licensing agency?**

Yes

No

\*\*If you have answered "YES" to any of the above background questions, you must provide the Board with "all" the proper documentation listed below. \*\*

1.) **A Letter of Explanation** (Signed and Dated).

Include in your letter the following:

(a.) **Dates.** (b.) **The Place of each Arrest or Violation.** (c.) **Circumstances.** (d.) **The Penalty Imposed.**

2.) **Provide Copies of all related Police Reports.**

3.) **Provide Copies of all related Court Documents.**

*Falsifying an application, supplying misleading information or withholding information may be grounds for denial or revocation of licensure. Failure to disclose may result in a civil penalty up to \$500.00 including permanent disciplinary action on your record. (OAR 337-030-0010 (3)(D)(g))*

*Before taking medical images, Oregon law mandates that all medical imaging technologists have an active license, or permit for Limited X-Ray (LXMO), issued by the Oregon Board of Medical Imaging. Any failure to comply with Board statutes and rules may result in civil penalties and a permanent record of disciplinary action against a license or permit.*

**Part 8: Agreement**

In consideration of my receiving a permanent license from the Oregon Board of Medical Imaging, I do hereby agree to abide by Oregon laws and administration rules pertain to the practice of Medical Imaging. (ORS 688.405 to 688.605; ORS 688.915 to 688.990; OAR Chapter 337.)

I AM AWARE THAT IF ANY CHANGES OCCUR IN MY EMPLOYMENT AND/OR HOME ADDRESS AND PHONE NUMBER, THE BOARD MUST BE NOTIFIED. I UNDERSTAND THAT AN ONLINE [UPDATED INFORMATION FORM](http://www.oregon.gov/obmi) IS AVAILABLE ONLINE AT THE FOLLOWING WEBSITE ADDRESS: <http://www.oregon.gov/obmi>

By signing this application below I certify that the information appearing on this application is accurate and true to the best of my knowledge. I am also aware that the Board will conduct a criminal history background records check through the Oregon State Police, Law Enforcement Data System (LEDS) and if necessary, a fingerprint card may be required for a nationwide records check.

\_\_\_\_\_  
**Signature of Applicant:**

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

**ALL APPLICATION FEES ARE NON-REFUNDABLE**  
Allow 5- Working Days for Processing Once All Required Documents Are Received.

**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](mailto: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 Bone-D Permit Application.***
- A Professional ***Color Photograph*** of Yourself (2" x 2" – Passport Size)
- Your ***Physician's Signature & Printed Name.***
- A ***Photocopy of Your Course Completion Certificate.***
- 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).***
  - 2.) A Copy of your ***Court Document(s).***
  - 3.) A ***Personal Letter of Explanation*** (Signed and Dated)