



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

| | |
|--------------------------|----------------------------|
| Choose One: | |
| <input type="checkbox"/> | First Time Applicant |
| <input type="checkbox"/> | I'm Applying For A Renewal |

TEMPORARY POST-PRIMARY LICENSE

(Expires 6-Months After Date of Issue)

\$30.00

| | |
|---|--|
| <input type="checkbox"/> Computed Tomography Technologist <small>1st TPPL License – Supervision may be in the room. Supervisor "Must" be in the building. 2nd TPPL License – Supervision may be in the room. Supervisor "Must" be in the building.</small> | <input type="checkbox"/> Magnetic Resonance Technologist <small>1st TPPL License – Direct Supervision is required. 2nd TPPL License – Supervision may be in the room. Supervisor "Must" be in the building.</small> |
| <input type="checkbox"/> Nuclear Medicine Technologist <small>1st TPPL License – Direct Supervision is required. 2nd TPPL License – Supervision may be in the room. Supervisor "Must" be in the building.</small> | <input type="checkbox"/> Sonographer <small>1st TPPL License – Direct Supervision is required. 2nd TPPL License – Supervision may be in the room. Supervisor "Must" be in the building.</small> |

Incomplete information, including necessary documents and funds will delay your license. 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 Last / Maiden Names You've Used: | | | Ethnic Background: | | Gender: |
| Date of Birth: | Weight: | Height: | Eye Color: | Hair Color: | |
| Social Security No. (Mandatory) | | | Driver's License No. | | State Issued In: |

Part 2: Contact Information.

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

(Protected From Release Unless Legally Compelled)

Part 3: Education & Registry Information

| | | |
|---|------------------------------|-----------------------------|
| School or Program Where You Obtained Your Medical Imaging Education. | City: | State |
| Registry Name That You Are Eligible to Complete Your Post-Primary Pathway Through: | | |
| Has Your Employer Provided An Outline of the Training You Will Receive? If "YES" Attach a Copy of that outline to this application and Continue. If "NO" stop. You must obtain that outline before proceeding. These required outlines for training "DO NOT" apply to C.T. Post-Primary Applicant's. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you Completed a Minimum of 16- Hours of Category "A" Content Related Education? If "YES" Please attach proof then continue to Part 4 . If "NO" You're not eligible to apply for this license until you have completed the required education. | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Part 4: Oregon Employer (or Prospective)

| |
|-----------------------------------|
| Oregon Employer (or Prospective): |
| Employer's Address: |
| City: Zip Code: Phone No. |

Part 5: Signature of Supervising Physician or Oregon Licensed Technologist

I hereby certify that, _____, will be under my supervision while practicing the aforementioned medical imaging modality at the facility listed in Part 4. I understand that only for the first 6-months a **Temp. Post Primary Licensee is to always have supervision in the room at all times** while practicing under this "Post-Primary License". I also understand that Computed Tomography TPP-Licensees only need supervision available in the same building at any time.

 Supervisor's Signature

 Supervisor's Printed Name

 OBMI License No.

 Date

Date Application Was Received.

| | | | | |
|----------------------|-------------|----------------|-----------------------------|-----------------------------|
| For Office Use Only: | Deposit No. | LEDS Verified? | 1 st TPP License | 2 nd TPP License |
| | | | Expiration Date: | |

Part 6: Personal Background History (See "[Criminal Background Checks – Frequently Asked Questions.](#)")

The Oregon Board of Medical Imaging requires a complete criminal history check for every applicant applying for a medical imaging license at the time of initial application; and at each renewal thereafter. All medical imaging applicants in Oregon are required to report any and all prior arrests, pending arrest warrants, guilty pleas, nolo contendere (no contest) pleas, deferred adjudications, pre-trial diversion, convictions, and any matter where probation or community service was and/or is involved. The only exception to this criminal reporting requirement is for routine traffic tickets that do not involve an arrest.

Criminal history is not necessarily a disqualification from licensure. Failure to fully disclose all prior criminal history may result in a monetary fine and a permanent disciplinary record. All disciplinary records are reported to any and all registry's that you are credentialed with. If your answer to Question No. 1 is "**Yes**", you must provide the following documents, and they must be submitted with your initial application or renewal.

- Mail the Board A Copy of Your **Arrest Report** for each arrest.
- Mail the Board A Copy of Your **Court Document** for each arrest.
- Mail the Board A Copy of Your **Personal Letter of Explanation** for each arrest.

- 1.) **Since you last license was issued or renewed have you been Arrested (Detained) and/or Convicted for any Crime (except Minor Traffic Violations)?** **YES** **NO**
(See "[Criminal Background Checks Frequently Asked Questions.](#)")
- 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**

Part 7: 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 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

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.

Temporary Post-Primary License Checklist

Review This Checklist Carefully!

Failure To Provide "All" the Required Document(s) "Will" Delay Your Temporary License From Being Issued.

- 1.) Initial Temporary Post-Primary License Application.
 - 2.) A Color Photograph of Yourself (Passport Size).
 - 3.) A Personal Check, Money Order or Cashier's Check for the Amount of **\$30.00**.
 - 4.) Proof of Completion of 16-hours of Category "A" Content-Related Credits Prior to Applying.
 - 5.) A Personal letter explaining how you (the applicant) will complete the registry's requirement to sit for the Post-Primary Credentialing Examination.
 - 6.) An Outline of the training to be provided by your Supervising Institution. The required outline does not apply to C.T. applicant's.
- Also - If you have had any background history – did you include all of the following required documents?
- 1.) A Copy of Your Police Report.
 - 2.) A Copy of Your Court Documents.
 - 3.) A Personal Letter of Explanation (Signed and Dated)?

OREGON BOARD OF MEDICAL IMAGING

CRIMINAL BACKGROUND CHECKS FREQUENTLY ASKED QUESTIONS

WHY DO WE 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?

You must report all prior arrests and criminal court actions that have not been previously reported to the Board, along with a letter of explanation for each incident.

Here are some examples:

| | <u>REPORT IT?</u> |
|---|--------------------------|
| • Arrested by the police while a juvenile..... | Yes |
| • Arrested and/or convicted <i>long ago</i> ...several decades ago..... | Yes |
| • Drunk driving arrest, but received diversion from the court..... | Yes |
| • 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 |
| • Arrested and/or convicted but the incident has not shown up on any prior background checks..... | 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 |
| • 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; but if it has not been expunged, you *must* report it with your application.

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 ARREST RECORDS AND COURT RECORDS?

We require copies of any available police reports and court documents for each incident in which you were involved, if there was an arrest and/or court action. If you are having a difficult time obtaining records from a police department or courthouse, please call our office at 971-673-0215 and let us know. Even if you cannot obtain records, you *must* report the arrest and/or conviction on your application, along with a letter explaining what happened.

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 that information to us 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.

IF YOU HAVE QUESTIONS:

Do not hesitate to call the OBMI office at 971-673-0215. Or you may Email Us at: OBMI.Info@state.or.us