



OREGON BOARD OF MEDICAL IMAGING
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Website: <http://www.oregon.gov/OBMI>

Email: OBMI.info@OBMI.oregon.gov

Temporary Post-Primary Licensure Supervising Form

Include this form with Online Application or Renewal in the appropriate section.

Supervisor: Licensed Physician, Nurse Practitioner, Physician Assistant or OBMI licensed technologist

I hereby certify that,

OBMI Technologist's Name

will be under my supervision while practicing the medical imaging modality at the facility (employer)

listed in this application.

Supervisor's Signature

Supervisor's Printed Name

Title

Date