



**OREGON BOARD OF MEDICAL IMAGING**  
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## **Supervising Physician**

## **Or Oregon Licensed Technologist Signature**

*You must upload a copy of this form completely filled out & signed to your Online Application in the appropriate section.*

### ***Signature of Supervising Physician or Oregon Licensed Technologist***

I hereby certify that,

\_\_\_\_\_

*Technologist or Applicant's Name*

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

listed in this application.

\_\_\_\_\_  
*Supervisor's Signature*

\_\_\_\_\_  
*Supervisor's Printed Name*

\_\_\_\_\_  
*Title*

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