





**OREGON BOARD OF MEDICAL IMAGING**

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Email Your Completed Form To: [Obmi.Info@OBMI.oregon.gov](mailto:Obmi.Info@OBMI.oregon.gov)

**Name:** \_\_\_\_\_  
First Middle Last

**Oregon PA License No:** \_\_\_\_\_

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

## Procedure Log Physician Assistant – Limited Permit

*(Procedures must be completed within the previous 18- months from the date above.)*

*Attach Any Supporting Statements, Documents, Certificates, etc.*

Date	Location of Procedure	Procedure Performed by Applicant	Supervisor Printed Name & Signature	Fluoro Time Minutes / Seconds	Dose In Units