

Chapter 337 Board of Medical Imaging

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DIVISION 1

PROCEDURAL RULES

337-001-0000

Notice of Proposed Rule

Prior to the adoption, amendment, or repeal of any rule, the Oregon Board of Medical Imaging must give notice of the proposed adoption, amendment, or repeal:

(1) In the Secretary of State's Bulletin referred to in ORS 183.360 at least 15 days prior to the effective date.

(2) By mailing a copy of the Notice to persons on the Board's mailing list established pursuant to ORS 183.335(6).

(3) By distributing a copy of the Notice to the following persons, organizations, or publications:

- (a) American Registry of Radiologic Technologists;
- (b) American Society of Radiologic Technologists;
- (c) Oregon Society of Radiologic Technologists;
- (d) Oregon Medical Association;
- (e) Oregon Association of Hospitals;
- (f) Oregon Association of Chiropractic Physicians;
- (g) Oregon Association of Naturopathic Physicians;
- (h) Oregon Osteopathic Association;
- (i) Oregon Podiatry Association;
- (j) Society of Nuclear Medicine;
- (k) Pacific Northwest Society of Nuclear Medicine Technologists' Section;

(l) American Registry for Diagnostic Medical Sonography;

(m) American Society of Echocardiography;

(n) Cardiovascular Credentialing International;

(o) Society for Vascular Surgery;

(p) Society for Vascular Ultrasound;

(q) Society of Diagnostic Medical Sonography;

(r) Society of Invasive Cardiovascular Professionals;

(s) American Registry of Magnetic Resonance Imaging Technologists.

Stat. Auth.: ORS 183

Stats. Implemented:

Hist.: RT 1-1978, f. & ef. 5-11-78; BRT 1-2010, f. & cert. ef. 6-15-10

337-001-0005

Model Rules of Practice

The Uniform and Model Rules of Procedure under the Administrative Procedures Act, dated January 1, 2008 as promulgated by the Attorney General of the State of Oregon, are by this reference adopted as the rules of practice and procedure of the Board of Medical Imaging and will be controlling except as otherwise required by statute or rule.

[ED. NOTE: The full text of the Attorney General's Model Rules of Procedure is available from the office of the Attorney General or Board of Radiologic Technology.]

Stat. Auth.: ORS 171, 183 & 688.555(1)

Stats. Implemented: ORS 183.341

Hist.: RT 1-1978, f. & ef. 5-11-78; RT 1-1980, f. & ef. 6-10-80; RT 1-1982, f. & ef. 3-11-82; RT 1-1985, f. & ef. 2-21-85; RT 1-1986, f. & ef. 1-31-86; RT 2-1988, f. & cert. ef. 11-9-88; BRT 6-1998, f. & cert. ef. 10-16-98; BRT 1-2010, f. & cert. ef. 6-15-10

337-001-0025

Confidentiality and Inadmissibility of Mediation Communication

(1) The words and phrases used in this rule have the same meaning as given to them in ORS 36.110 and 36.234.

(2) Nothing in this rule affects any confidentiality created by other law. Nothing in this rule relieves a public body from complying with the Public Meetings Law, ORS 192.610 to 192.690. Whether or not they are confidential under this or other rules of the agency, mediation communications are exempt from disclosure under the Public Records Law to the extent provided in 192.410 to 192.505.

(3) This rule applies only to mediations in which the agency is a party or is mediating a dispute as to which the agency has regulatory authority. This rule does not apply when the agency is acting as the “mediator” in a matter in which the agency also is a party as defined in ORS 36.234.

(4) To the extent mediation communications would otherwise be compromise negotiations under ORS 40.190 (OEC Rule 408), those mediation communications are not admissible as provided in 40.190 (OEC Rule 408), notwithstanding any provisions to the contrary in section (9) of this rule.

(5) Mediations Excluded. Sections (6)–(10) of this rule do not apply to:

(a) Mediation of workplace interpersonal disputes involving the interpersonal relationships between this agency’s employees, officials or employees and officials, unless a formal grievance under a labor contract, a tort claim notice or a lawsuit has been filed; or

(b) Mediation in which the person acting as the mediator will also act as the hearings officer in a contested case involving some or all of the same matters;

(c) Mediation in which the only parties are public bodies;

(d) Mediation involving two or more public bodies and a private party if the laws, rule or policies governing mediation confidentiality for at least one of the public bodies provide that mediation communications in the mediation are not confidential;

(e) Mediation involving 15 or more parties if the agency has designated that another mediation confidentiality rule adopted by the agency may apply to that mediation; or

(6) Disclosures by Mediator. A mediator may not disclose or be compelled to disclose mediation communications in a mediation and, if disclosed, such communications may not be introduced into evidence in any subsequent administrative, judicial or arbitration proceeding unless:

(a) All the parties to the mediation and the mediator agree in writing to the disclosure; or

(b) The mediation communication may be disclosed or introduced into evidence in a subsequent proceeding as provided in subsections (c)–(d), (j)–(l) or (o)–(p) of section (9) of this rule.

(7) Confidentiality and Inadmissibility of Mediation Communications. Except as provided in sections (8)–(9) of this rule, mediation communications are confidential and may not be disclosed to any other person, are not admissible in any subsequent administrative, judicial or arbitration proceeding and may not be disclosed during testimony in, or during any discovery conducted as part of a subsequent proceeding, or introduced as evidence by the parties or the mediator in any subsequent proceeding.

(8) Written Agreement. Section (7) of this rule does not apply to a mediation unless the parties to the mediation agree in writing, as provided in this section, that the mediation communications in the mediation will be confidential and/or nondiscoverable and inadmissible. If the mediator is the employee of and acting on behalf of a state agency, the mediator or an authorized agency representative must also sign the agreement. The parties’ agreement to participate in a confidential mediation must be in substantially the following form. This form may be used separately or incorporated into an “agreement to mediate.” [Form not included. See ED. NOTE.]

(9) Exceptions to confidentiality and inadmissibility:

(a) Any statements, memoranda, work products, documents and other materials, otherwise subject to discovery that were not prepared specifically for use in the mediation are not confidential and may be disclosed or introduced into evidence in a subsequent proceeding.

(b) Any mediation communications that are public records, as defined in ORS 192.410(4), and were not specifically prepared for use in the mediation are not confidential and may be disclosed or introduced into evidence in a subsequent proceeding unless the substance of the communication is confidential or privileged under state or federal law.

(c) A mediation communication is not confidential and may be disclosed by any person receiving the communication to the

extent that person reasonably believes that disclosing the communication is necessary to prevent the commission of a crime that is likely to result in death or bodily injury to any person. A mediation communication is not confidential and may be disclosed in a subsequent proceeding to the extent its disclosure may further the investigation or prosecution of a felony crime involving physical violence to a person.

(d) Any mediation communication related to the conduct of a licensed professional that is made to or in the presence of a person who, as a condition of his or her professional license, is obligated to report such communication by law or court rule is not confidential and may be disclosed to the extent necessary to make such a report.

(e) The parties to the mediation may agree in writing that all or part of the mediation communications are not confidential or that all or part of the mediation communications may be disclosed and may be introduced into evidence in a subsequent proceeding unless the substance of the communication is confidential, privileged or otherwise prohibited from disclosure under state or federal law.

(f) A party to the mediation may disclose confidential mediation communications to a person if the party’s communication with that person is privileged under ORS Chapter 40 or other provision of law. A party to the mediation may disclose confidential mediation communications to a person for the purpose of obtaining advice concerning the subject matter of the mediation, if all the parties agree.

(g) An employee of the agency may disclose confidential mediation communications to another agency employee so long as the disclosure is necessary to conduct authorized activities of the agency. An employee receiving a confidential mediation communication under this subsection is bound by the same confidentiality requirements as apply to the parties to the mediation.

(h) A written mediation communication may be disclosed or introduced as evidence in a subsequent proceeding at the discretion of the party who prepared the communication so long as the communication is not otherwise confidential under state or federal law and does not contain confidential information from the mediator or another party who does not agree to the disclosure.

(i) In any proceeding to enforce, modify or set aside a mediation agreement, a party to the mediation may disclose mediation communications and such communications may be introduced as evidence to the extent necessary to prosecute or defend the matter. At the request of a party, the court may seal any part of the record of the proceeding to prevent further disclosure of mediation communications or agreements to persons other than the parties to the agreement.

(j) In an action for damages or other relief between a party to the mediation and a mediator or mediation program, mediation communications are not confidential and may be disclosed and may be introduced as evidence to the extent necessary to prosecute or defend the matter. At the request of a party, the court may seal any part of the record of the proceeding to prevent further disclosure of the mediation communications or agreements.

(k) When a mediation is conducted as part of the negotiation of a collective bargaining agreement, the following mediation communications are not confidential and such communications may be introduced into evidence in a subsequent administrative, judicial or arbitration proceeding:

(A) A request for mediation; or

(B) A communication from the Employment Relations Board Conciliation Service establishing the time and place of mediation; or

(C) A final offer submitted by the parties to the mediator pursuant to ORS 243.712; or

(D) A strike notice submitted to the Employment Relations Board.

(l) To the extent a mediation communication contains information the substance of which is required to be disclosed by Oregon statute, other than ORS 192.410 to 192.505, that portion of the communication may be disclosed as required by statute.

(m) Written mediation communications prepared by or for the agency or its attorney are not confidential and may be disclosed and may be introduced as evidence in any subsequent administrative, judicial or arbitration proceeding to the extent the communication does not contain confidential information from the mediator or another party, except for those written mediation communications that are:

(A) Attorney-client privileged communications so long as they have been disclosed to no one other than the mediator in the course of the mediation or to persons as to whom disclosure of the communication would not waive the privilege; or

(B) Attorney work product prepared in anticipation of litigation or for trial; or

(C) Prepared exclusively for the mediator or in a caucus session and not given to another party in the mediation other than a state agency; or

(D) Prepared in response to the written request of the mediator for specific documents or information and given to another party in the mediation; or

(E) Settlement concepts or proposals, shared with the mediator or other parties.

(n) A mediation communication made to the agency may be disclosed and may be admitted into evidence to the extent the Board determines that disclosure of the communication is necessary to prevent or mitigate a serious danger to the public's health or safety, and the communication is not otherwise confidential or privileged under state or federal law.

(o) The terms of any mediation agreement are not confidential and may be introduced as evidence in a subsequent proceeding, except to the extent the terms of the agreement are exempt from disclosure under ORS 192.410 to 192.505, a court has ordered the terms to be confidential under ORS 30.402 or state or federal law requires the terms to be confidential.

(p) The mediator may report the disposition of a mediation to the agency at the conclusion of the mediation so long as the report does not disclose specific confidential mediation communications. The agency or the mediator may use or disclose confidential mediation communications for research, training or educational purposes, subject to the provisions of ORS 36.232(4).

(10) When a mediation is subject to section (7) of this rule, the agency will provide to all parties to the mediation and the mediator a copy of this rule or a citation to the rule and an explanation of where a copy of the rule may be obtained. Violation of this provision does not waive confidentiality or inadmissibility.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 36.224

Stats. Implemented: ORS 36.224, 36.228, 36.230 & 36.232

Hist.: BRT 1-2003, f. 8-14-03, cert. ef. 8-15-03

DIVISION 10

LICENSURE

337-010-0006

Definitions

For purposes of ORS 688.405 to 688.605 and these rules:

(1) The "Practice of Medical Imaging" shall be defined as but not limited to the use of ionizing radiation, ultrasound, radio waves or magnetic fields upon human anatomy for diagnostic or therapeutic purposes including the physical positioning of the patient, the determination of exposure parameters, and the handling of the ionizing radiation equipment.

(2) "Approved school" means a school accredited in one of the medical imaging modalities or subspecialties by a national or regional post-secondary accreditation body and whose graduates are qualified to sit for a credentialing examination recognized by the Board of Medical Imaging in the graduate's medical imaging modality or subspecialty.

(3) "Board" means board of medical imaging.

(4) "Clinical instructor" means an individual assigned to supervise students in a clinical setting who is:

(a) A licensed physician who routinely supervises the medical imaging modality being studied by a student; or

(b) An individual licensed by the board and credentialed by a credentialing organization in the medical imaging modality being studied by a student.

(5) "Credential" means the recognition awarded to an individual who meets the requirements of a credentialing organization.

(6) "Credentialing organization" means a nationally recognized organization that issues credentials through testing or evaluations that determine that a person meets defined standards for training and competence in a medical imaging modality.

(7) "Diagnostic medical sonography" means the use of non-ionizing high frequency sound waves with specialized equipment to direct the sound waves into areas of the human body to generate images for the assessment and diagnosis of various medical conditions.

(8) "Fluoroscopy" means a technique for generating X-ray images and for presenting the X-ray images simultaneously and continuously as a visible image.

(9) "Graduate" means an individual who has completed the didactic and clinical education at an approved school, including documented clinical proficiency, but who has not met all requirements for credentialing by a credentialing organization.

(10) "Hybrid imaging or radiation therapy equipment" means equipment that combines more than one medical imaging modality into a single device.

(11) "Ionizing radiation" means alpha particles, beta particles, gamma rays, X-rays, neutrons, high-speed electrons, high-speed protons or other particles capable of producing ions. "Ionizing radiation" does not include radiation such as radiofrequency or microwaves, visible, infrared or ultraviolet light or ultrasound.

(12) "License" means a license issued by the board to practice one or more of the medical imaging modalities.

(13) "Licensed nurse practitioner" means a nurse practitioner licensed in Oregon.

(14) "Licensed physician" means a physician or surgeon licensed in Oregon.

(15) "Licensed physician assistant" means a physician assistant licensed in Oregon.

(16) "Limited X-ray machine operator" means a person other than a licensed physician who performs diagnostic X-ray procedures under the supervision of a licensed physician, a licensed nurse practitioner or a licensed physician assistant using equipment that emits external ionizing radiation resulting in diagnostic radiographic images that are limited to select human anatomical sites.

(17) "Limited X-ray machine operator course of study" means a board-approved set of didactic and clinical experience elements designed to prepare a person for gaining practical experience and for passing the limited X-ray machine operator examination.

(18) "Magnetic resonance imaging" means the process by which certain nuclei, when placed in a magnetic field, absorb and release energy in the form of radio waves that are analyzed by a computer thereby producing an image of human anatomy and physiological information.

(19) "Medical physicist" is a person who is certified in diagnostic radiological physics or radiological physics by the American Board of Radiology, or in diagnostic imaging physics by the American Board of Medical Physics, or in diagnostic radiology physics by the Canadian College of Physicists in Medicine.

(20) "Medical imaging" means the use of specialized equipment for the production of visual representations of human anatomy, tissues or organs for use in clinical diagnosis and treatment and includes but is not limited to X-ray, single photon emission, positron emission technology, ultrasound, magnetic fields, visible light and radio waves.

(21) "Medical imaging licensee" means a person other than a licensed physician or a limited X-ray machine operator who holds a valid license and operates medical imaging equipment for diagnostic or therapeutic purposes under the supervision of a licensed physician.

(22) "Medical imaging modality" means:

- (a) Diagnostic medical sonography and all its subspecialties;
- (b) Magnetic resonance imaging and all its subspecialties;
- (c) Nuclear medicine technology and all its subspecialties;
- (d) Radiation therapy and all its subspecialties; or
- (e) Radiography and all its subspecialties.

(23) “Nuclear medicine technology” means the specialized equipment that measures radiation emitted by radionuclides, including counters and cameras that form medical images for interpretation by a physician, or assists in therapeutic use of radionuclides.

(24) “Physician Assistant” means a person who is licensed in accordance with ORS 677.505 to 677.525.

(25) “Radiographer” means a person other than a licensed physician who performs a comprehensive set of diagnostic radiographic procedures under the supervision of a licensed physician using external ionizing radiation to produce radiographic, fluoroscopic or digital images.

(26) “Radiography” means the use of ionizing radiation to produce radiographic, fluoroscopic or digital images of human anatomy for diagnostic purposes.

(27) “Radiologist” means a person licensed to practice medicine in the State of Oregon who is certified by or board eligible for certification by the American Board of Radiology, the American Osteopathic Association, the Royal College of Radiologists or the Royal College of Physicians and Surgeons of Canada.

(28) “Student” means an individual enrolled in:

(a) An approved school, college or university academic training program in medical imaging; or

(b) A limited X-ray machine operator course of study.

(29) “Supervision” means the act of monitoring and reviewing the performance of medical imaging licensees or limited X-ray machine operators through regular inspections of work produced, regardless of whether the supervising individual is continuously physically present during the [performance] use of medical imaging equipment or X-ray equipment.

(30) “Positioning” is the act of placing the patient in the standard or appropriate position for a medical imaging examination or radiation therapy based on the medical condition of patient.

Stat. Auth.: ORS 183.310(7) & 688.555(1)

Stats. Implemented: ORS 688.415, 688.525 & 688.915

Hist.: RT 2-1986, f. 4-29-86, ef. 7-1-86; RT 1-1989, f. & cert. ef. 1-24-89; RT 1-1990, f. & cert. ef. 2-2-90; RT 1-1992, f. & cert. ef. 1-15-92; BRT 1-2003, f. 8-14-03, cert. ef. 8-15-03; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-010-0007

Recognized Credentialing Organizations and Credentials

Licensees will be recognized on their licenses with listing of their major modality and all sub-specialties for which they have been certified. Currently recognized subspecialties are listed as follows under each credentialing organization:

(1) American Registry for Diagnostic Medical Sonographers (ARDMS)

(a) Registered Diagnostic Medical Sonographer — RDMS

(b) Registered Diagnostic Cardiac Sonographer — RDSC

(c) Registered Vascular Technologist — RVT

(d) The following specializations under the main three categories above will also be listed as provided by the ARDMS, subject to change:

(A) AB — Abdomen.

(B) AE — Adult Echocardiography.

(C) BR — Breast Specialty.

(D) FE — Fetal Echocardiography.

(E) NE — Neurosonology.

(F) OB — Obstetrics & Gynecology.

(G) PE — Pediatric Echocardiography.

(H) VT — Vascular Technology.

(I) PS — Pediatric Sonography.

Example: John Doe, RDMS (AB, OB), RDSC (AE, PE).

(2) American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) Primary designation: MRI No sub-specialties

Example: John Doe MRIT (ARMRIT).

(3) American Registry of Radiologic Technologists (ARRT). An ARRT certificate confers upon its holder the right to use the

title “Registered Technologist” and its abbreviation “R.T.(ARRT)” or “Registered Radiologist Assistant” and its abbreviation “R.R.A. (ARRT)” in connection with his or her name as long as the registration of the certificate is in effect. The category designation should be inserted between the “R.T.” and the “(ARRT)” and should be shown as “R.T.(*)(ARRT)” where the asterisk is replaced by the letter or letters indicated in the list below:

(a) (R) For Radiography.

(b) (N) For Nuclear Medicine Technology.

(c) (T) For Radiation Therapy.

(d) (MR) For Magnetic Resonance Imaging.

(e) (S) For Sonography.

(f) (CV) For Cardiovascular-Interventional Radiography.

(g) (M) For Mammography.

(h) (CT) For Computed Tomography.

(i) (QM) for Quality Management.

(j) (BD) For Bone Densitometry.

(k) (VS) For Vascular Sonography.

(l) (CI) For Cardiac-Interventional Radiography.

(m) (VI) For Vascular-Interventional Radiography.

(n) (BS) For Breast Sonography.

Example: Joe Doe RT (R) (ARRT).

(4) Certification Board of Radiology Practitioner Assistants (CBRPA) “Radiology Practitioner Assistant” (R.P.A.) An RPA means an American Registry of Radiologic Technologists (A.R.R.T.) technologist who has successfully completed an advanced training program and is certified by the CBRPA.

Example: Jane Doe RT (ARRT) (RPA) (CBRPA).

(5) Cardiovascular Credentialing International (CCI).

(a) CCT — Angiography — Certified Cardiographic Technician.

(b) RCCS — Sonography — Registered Congenital Cardiac Sonographer.

(c) RCES — Angiography — Registered Cardiac Electrophysiology Specialist.

(d) RCIS — Angiography — Registered Cardiovascular Invasive Specialist.

(e) RCS — Sonography — Registered Cardiac Sonographer.

(f) RPhS — Sonography — Registered Phlebology Sonographer.

(g) RVS — Sonography — Registered Vascular Specialist.

Example: Jane Doe RCES (CCI).

(6) Nuclear Medicine Technology Certification Board (NMTCB) Primary certification: Nuclear Medicine Technologist — CNMT. Sub-specialties:

(a) Nuclear Cardiology — NCT.

(b) Positron Emission Tomography — PET.

(c) Computed Tomography — CT.

Example: John Doe NMT, NCT (NMTCB).

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.425(1)

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10; BMI 2-2015, f. & cert. ef. 5-8-15

337-010-0008

Change of Contact Information

Every licensee or permittee shall maintain on file with the Board their correct current contact information including telephone number, email address, residence address, employer and name.

Stat. Auth.: ORS 183.310(7) & 688.555(1)

Stats. Implemented:

Hist.: RT 1-1992, f. & cert. ef. 1-15-92; BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0009

Change of Credentialing or License Status

Every licensee or permittee must:

(1) Maintain credentialing in their licensed specialty throughout the licensure period

(2) Notify the Board within 30 days of any pending or final actions by the credentialing organization against the licensee.

(3) Notify the Board within 30 days of lapse or suspension of any professional license.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: 688.455

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0010

Qualifications of Radiographer in Diagnostic Field

In addition to those qualifications set out in ORS 688.465, applicants for licensure as a radiologic technologist in the diagnostic field must: Submit evidence of current credentialing by the American Registry of Radiologic Technologists (ARRT) in radiography. The Board will verify current credential status through review of the ARRT directory. If the applicant is not listed in the current ARRT directory, he or she must request written verification of current credential be submitted directly to the Board by the ARRT.

Stat. Auth.: ORS 688 ORS 688.555(1)

Stats. Implemented: ORS 688.455

Hist.: RT 2-1978, f. & ef. 7-7-78; RT 2-1982, f. & ef. 3-11-82; RT 2-1986, f. 4-29-86, ef. 7-1-86; BRT 2-2006, f. 12-15-06, cert. ef. 1-1-07; BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0011

Qualifications of Computed Tomography Equipment Operators and Merged Technology Equipment Operators' Licensing

(1) Through December 31, 2016, an individual who operates computed tomography equipment for diagnosis must be credentialed by the American Registry of Radiologic Technologists in Computed Tomography (CT) or in Radiography with training in the operation of CT equipment in accordance with applicable RPS rules; currently OAR 333-106-0370 (x-ray) and 333-116-0880 (NM).

(2) Through December 31, 2016, in addition to qualifications to operate radiation therapy devices, Radiation Therapists operating CT for treatment planning must submit evidence of completion of a minimum of twelve (12) hours training in the use of computed tomography from an approved source as determined by the board.

(3) Through December 31, 2016, Nuclear Medicine Technologists who perform non-diagnostic attenuation CT exams with a hybrid scanner such as PET/CT, SPECT/CT or new emerging hybrid scanners must meet the training requirements in accordance with OAR 333-116-0880.

(4) Through December 31, 2016, in addition to qualifications to operate radionuclide imaging devices, Nuclear Medicine technologists may be granted a CT Technologist operator's license to perform diagnostic CT examinations if the following requirements are met:

(a) Credentialing by the American Registry of Radiologic Technologists in Computed Tomography, or

(b) The Board may grant authorization to allow Nuclear Medicine Technologists who are enrolled in a CT training program to perform diagnostic CT exams with direct supervision after they have completed a Board approved didactic training program that will allow the student to perform the ARRT required number of CT exams to sit for the ARRT (CT) exam. The authorization will be effective for 3 consecutive academic terms, and will expire automatically unless the Board is presented with evidence of passing the ARRT (CT) exam.

(5) Diagnostic Computed Tomography: On or after January 1, 2017, a licensee who operates computed tomography (CT) equipment, including cone beam CT, for diagnosis must be credentialed in Computed Tomography (CT) by either the American Registry of Radiologic Technologists or the Nuclear Medicine Technology Certification Board or have an active temporary CT license issued by OBMI.

(6) Computed Tomography/Nuclear Medicine Hybrid Imaging: On or after January 1, 2017, a positron Emission-Computed Tomography (PET/CT) or Single Photon Emission-Computed Tomography (SPECT/CT) systems must be operated by technologists licensed by the Oregon Board of Medical Imaging.

(a) On or after January 1, 2017, a registered radiographer with the credential R.T. (R), or a registered radiation therapist with the credential R.T. (T) may only operate CT for attenuation, not for diagnostic purposes. They may operate the diagnostic portion of the CT hybrid imager if they hold a CT credential from ARRT, or have an active temporary CT license issued by OBMI.

(b) On or after January 1, 2017, registered certified nuclear medicine technologists with the active credentials R.T. (N) or CNMT (NMTCB) may operate SPECT and PET with non-diagnostic CT and the attenuation correction portion of the hybrid imager. Certified Nuclear Medicine technologists may operate the diagnostic portion of the CT scanner if they hold a CT credential or have an active temporary CT license issued by OBMI.

(7) Computed Tomography for Radiation Therapy Treatment Planning Purposes: On or after January 1, 2017, a licensee who operates CT equipment for radiation therapy treatment planning purposes must be credentialed in Radiation Therapy or CT by the ARRT.

(8) On a case-by-case basis, the board may waive a credential requirement of this rule for a licensed technologist, based upon the board's determination that the following two conditions are met:

(a) The licensee seeking a waiver:

(A) Has substantial experience, as determined by the board, practicing computed tomography; and

(B) Seeks to perform computed tomography as an employee or contractor of a specified rural hospital, as defined in ORS 442.470; and

(C) Under state sponsorship, passes a computed tomography examination by a registry recognized by the board; and

(D) Must have completed and documented vendor-provided applications training specific to any CT machine the waiver applicant will work on; and

(E) Must have completed a minimum of 16 hours in structured CT education requirements within the 24 months prior to applying for the waiver.

(F) Meets clinical experience requirements as specified in the waiver.

(G) Must have completed five supervised diagnostic-quality repetitions of any anatomic area that the waiver recipient will image with computed tomography. The waiver will only cover images of anatomic areas for which the waiver recipient has met this requirement. Supervision must be provided by a licensed technologist with a CT registry credential recognized by the board.

(b) Failure to grant the waiver would result in a substantial shortage in the rural hospital's ability to deliver necessary health services to the community.

(9) The board may prescribe terms of the waiver, including but not limited to time duration of the waiver, supervisory requirements, and clinical experience requirements. The waiver may include deadlines for completing specified requirements included in the waiver. The board may grant a preliminary waiver conditioned upon the waiver applicant's completion of all board-specified waiver requirements within no more than 60 days from the time the applicant submits an initial waiver request to the Board.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.480

Hist.: BRT 2-2006, f. 12-15-06, cert. ef. 1-1-07; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 2-2014, f. & cert. ef. 10-20-14; BMI 3-2014(Temp), f. & cert. ef. 10-21-14 thru 4-19-15; BMI 1-2015, f. & cert. ef. 3-10-15

337-010-0013

Qualifications of Magnetic Resonance Imaging Technologist

An individual who operates Magnetic Resonance Imaging equipment must submit evidence of current credentialing in MRI by the American Registry of Radiologic Technologists (ARRT) or the American Registry of Magnetic Resonance Imaging Technologists (ARMRIT). The Board will verify current credential status through review of the ARRT or ARMRIT directory. If the applicant is not listed in the current applicable directory, he or she must request written verification of current credential be submitted directly to the Board by their credentialing organization.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.455

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0014

Qualifications of Diagnostic Medical Sonographer

An individual who operates ultrasound equipment for medical imaging purposes must submit evidence of current credentialing in

diagnostic medical sonography from the American Registry of Diagnostic Medical Sonography (ARDMS), American Registry of Radiologic Technologists (ARRT), or Cardiac Credentialing International (CCI). The Board will verify current credential status through review of the ARDMS, ARRT or CCI directory. If the applicant is not listed in the current applicable directory, he or she must request written verification of current credential be submitted directly to the Board by their credentialing organization.

Stat. Auth.: ORS 688.555(1)
 Stats. Implemented: ORS 688.455
 Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0015

Qualifications of Radiation Therapist

In addition to those qualifications set out in ORS 688.475, applicants for licensure as a radiation therapist must: Submit evidence of current credentialing from the American Registry of Radiologic Technologists (ARRT) in radiation therapy. The Board will verify current credential status through review of the ARRT directory. If the applicant is not listed in the current ARRT directory, he or she must request written verification of current credential be submitted directly to the Board by the ARRT.

Stat. Auth.: ORS 688
 Stats. Implemented: ORS 688.455
 Hist.: RT 2-1978, f. & ef. 7-7-78; RT 2-1982, f. & ef. 3-11-82; RT 2-1986, f. 4-29-86, ef. 7-1-86; BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0016

Qualifications of Nuclear Medicine Technologist

An individual who operates nuclear medicine equipment must submit evidence of current credentialing by the Nuclear Medicine Technology Certification Board (NMTCB) the American Registry of Radiologic Technologists (ARRT) in Nuclear Medicine. The Board will verify current credential status through review of the NMTCB or ARRT directory. If the applicant is not listed in the current applicable directory, he or she must request written verification of current credential be submitted directly to the Board by their credentialing organization.

Stat. Auth.: ORS 688.555(1)
 Stats. Implemented: ORS 688.455
 Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0023

Determination of Fitness; State and Nationwide Criminal Background Checks

(1) The purpose of this rule is to provide for the reasonable screening of: applicants for licensure; board members, employees, contract vendors and individuals subject to investigation by the Board, in order to determine if they have a history of criminal behavior such that they are not fit to be granted or retain a license issued by the Board.

(2) "Subject individual" means a person from whom the Board may require fingerprints for the purpose of enabling the Board to request a state or nationwide criminal records check. In this rule, subject individual means: applicants for licensure or renewal of a license; board members, employees, contract vendors and individuals subject to an investigation by the Board.

(3) This rule is to be applied when evaluating the criminal history of a subject individual and conducting fitness determinations based upon such history. The fact that a subject individual does not have an adverse criminal history does not guarantee the granting or renewal of a license.

(4) The Board may request that the Department of State Police conduct a state criminal history check and a national criminal history check, using fingerprint identification of subject individuals. The Board may conduct state criminal records checks on subject individuals and any licensee through the Law Enforcement Data System maintained by the Department of State Police in accordance with rules adopted, and procedures established, by the Department of State Police. Criminal history information obtained from the Law Enforcement Data System must be handled in accordance with ORS Chapter 181, OAR 257-010 to 257-015 and applicable Oregon State Police procedures.

(5) Additional Information Required. In order to conduct a state and national criminal history check and fitness determination, the Board may require additional information from the subject individual as necessary. Additional information may include but is not limited to, proof of identity; residential history; names used while living at each residence; or additional criminal, judicial, or other background information.

(6) In making the fitness determination, the Board may consider:

(a) The nature of any record that may include but is not limited to any record of arrest or conviction for:

- (A) Any drug or alcohol offence;
- (B) Any felony;
- (C) Any offence involving fraud, theft, identity theft or other instance of dishonesty;
- (D) Any offence involving violation of federal importation or customs laws or rules;
- (E) Any offence requiring registration as a sex offender.

(b) The facts that support the conviction or indictment or that indicate the making of the false statement;

(c) The relevancy, if any, of the crime or the false statement to the specific requirements of the subject individual's license; and

(d) Intervening circumstances relevant to the responsibilities and circumstances of the license. Intervening circumstances include but are not limited to:

- (A) The passage of time since the commission of the crime;
- (B) The age of the subject individual at the time of the crime;
- (C) The likelihood of a repetition of offenses or of the commission of another crime;
- (D) The subsequent commission of another relevant crime;
- (E) Whether the conviction was set aside and the legal effect of setting aside the conviction; and

(F) A recommendation of an employer.

(e) Any false statement made by the individual regarding the criminal history of the individual;

(f) Any refusal to submit or consent to a criminal record check including a refusal to provide fingerprint identification;

(g) Any other pertinent information obtained as part of an investigation.

(7) If a subject individual is determined to be unfit, then the individual may not be granted a license or a renewal of a license or registration. The Board may make a fitness determination conditional upon applicant's acceptance of probation, conditions, limitations, or other restrictions upon licensure.

(8) All background checks shall be requested to include available state and national data, unless obtaining one or the other is an acceptable alternative.

(9) Criminal offender information is confidential. Dissemination of information received under this rule may only be made to people with a demonstrated and legitimate need to know the information. When the information is part of the investigation of an applicant or licensee, it is confidential pursuant to ORS 676.175. Any fingerprint cards used to conduct a check shall be destroyed by either the Federal Bureau of Investigation or the Department of State Police as specified in ORS 181.534.

(10) The Board will permit the subject individual for whom a fingerprint-based criminal records check was conducted to inspect the individual's own state and national criminal offender records and, if requested by the subject individual, provide the individual with a copy of the individual's own state and national criminal offender records.

(11) If an applicant, licensee or permittee is determined not to be fit for a license, they are entitled to a contested case hearing pursuant to ORS 183.413 to 470 and in accordance with OAR 855-001-0005 to 0017.

(12) A challenge to the accuracy or completeness of information provided by the Department of State Police, Federal Bureau of Investigation and agencies reporting information must be made through the Department of State Police, Federal Bureau of Investigation or reporting agency and not through the contested case process.

(13) Request for re-evaluation following correction. If the subject individual successfully contests the accuracy or completeness of information provided by the Oregon State Police, the Federal Bureau of Investigation or other agency reporting information to the Board, the Board will conduct a new criminal history check and re-evaluate the criminal history upon submission of a new criminal history request form.

(14) If the subject individual discontinues the application or fails to cooperate with the criminal history check process then the application is considered incomplete.

(15) Subject individuals will be required to pay the actual costs charged by the Department of State Police for the state and national criminal background check.

Stat. Auth.: ORS 181.534, 688.557

Stats. Implemented: ORS 688.557

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0025

Continuing Education

Licensees must comply with all continuing education and continuing competency requirements of the applicable credentialing organization by submitting their annual registration.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.505

Hist.: RT 2-1978, f. & ef. 7-7-78; RT 1-1985, f. & ef. 2-21-85; RT 1-1987, f. & ef. 1-27-87; RT 2-1990, f. & cert. ef. 4-27-90; RT 1-1992, f. & cert. ef. 1-15-92; BRT 3-1998, f. & cert. ef. 7-15-98; BRT 1-2003, f. 8-14-03, cert. ef. 8-15-03; BRT 1-2010, f. & cert. ef. 6-15-10

337-010-0026

Permit Renewal

(1) Permit holders must submit evidence of continuing education at the time they file an application for license renewal. An initial permanent LXMO permit that is prorated for a period of less than 24 months includes the requirement of an average of one hour of continuing education per month, depending on the number of anatomic areas in a limited permit.

(2) Permit holders must obtain a minimum of continuing education hours according to the following schedule:

(a) One to three LXMO anatomic areas: 9 hours per year.

(b) Four or more LXMO anatomic areas: 12 hours per year.

(c) Fluoroscopy permit: Four hours per year, including two hours related to radiation use and safety, and two hours related to the clinical use of fluoroscopy.

(3) The Board may require permit holders to produce documents verifying continuing education activities for purposes of an audit by the Board. Permit holders are required to retain verification documents for a period of two years following the renewal date. At any time during that two years the Board may require permit holders to produce those documents for purposes of an audit by the Board.

(4) Verification Documents for Renewal Applicants include:

(a) A completed OBMI worksheet, listing all continuing education activities performed during the immediately preceding licensing period.

(b) All renewal applicants are subject to audit of their Continuing Education hours by the Board.

(5) Acceptable Types of Continuing Education Activities:

(a) Any independent reading, video or audiocassette must include a pre-approved post-test to be acceptable for meeting OMBI's continuing education requirements.

(b) Acceptable forms of continuing education activities for permit holders (no maximum) include, with one hour of credit for each hour spent in the activity:

(A) Attendance at meetings of professional organizations that are directly appropriate to the modality practiced by the permit holder (educational portions of the meetings only).

(B) Directed reading of professional and scientific journals and newsletters appropriate to the modality practiced by the permit holder, listening to or viewing video recordings appropriate to the modality practiced by the permit holder, all of which include a post-test.

(C) Symposia, workshops, lectures, refresher courses, correspondence courses, etc. appropriate to the modality practiced by the permit holder.

(D) In-service education when appropriate to the modality practiced by the permit holder.

(E) For LXMO permit holders, a minimum of one hour of education in one permit area is required per year and 2 hours of either radiation use and safety or radiographic technique is required per year.

(6) LXMO permit renewal requirements following 24-month lapse:

(a) A LXMO permit holder whose permit is expired for a period in excess of 24 continuous months must pass the ARRT examination in any specific anatomic area which is on their most recent expired permit and which they wish to be reauthorized to practice in. All applicants under this paragraph, except bone densitometry applicants, must also pass the CORE examination.

(b) The application process and fee structure under this paragraph is the same as for first-time permanent permit applicants under OAR 337-010-0030. Time frame for passing the limited examination: the expired permit holder can re-test in any authorized area up to three times within one year from the date the applicant submits the first application to re-test. Passing score is 70 percent.

(c) Passing the CORE exam and an anatomic area exam will result in reinstatement of a permit for that anatomic area.

(d) For CORE or any anatomic area exam not passed within the maximum time period, the applicant will need to follow the same procedures under OAR 337-010-0030 as a new permanent permit applicant.

(e) Failure to pass CORE within the maximum time period will negate a passing grade on any anatomic area exams taken in accordance with this paragraph.

(f) Under this paragraph, limited permit holders who received their permits under the pre-2007 radiographic positioning can only be reinstated to practice using the current Board-approved radiographic positions, as follows: [Table not included. See ED. NOTE.]

(7) Fluoroscopy permit renewal requirements:

(a) To renew a fluoroscopy permit, a person must:

(A) Possess a current unexpired physician assistant license in good standing from the Oregon medical board indicating active, locum tenens, or military/public health active registration;

(B) Complete and submit a permit application to the board of medical imaging, in the form and manner specified by the board of medical imaging;

(C) Provide documentation, as specified by the board, of completed continuing education requirements;

(D) Pay the nonrefundable permit fee established by the board of medical imaging; and

(E) Submit to a criminal background check as specified by the board of medical imaging.

(b) For a fluoroscopy permit applicant whose permit has been expired for 24 continuous months, the applicant must follow all the steps in Paragraph (1) plus provide documentation of having passed, within the previous 12 months, the ARRT fluoroscopy examination.

[ED. NOTE: Tables referenced are available from the agency.]

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.445 & 688.505

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10; BMI 2-2013, f. 7-26-13, cert. ef. 1-1-14; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-010-0030

Limited X-Ray Machine Operator (LXMO) Permits

(1) Applicants for LXMO Permits Qualifications:

(a) An applicant for a LXMO permit must be at least 18 years of age, pay an application fee, and, effective January 1, 2007, have successfully passed a course of instruction that reflects the current Core Module of the "Content Specifications for the Examination for the Limited Scope of Practice in Radiography" published by the American Registry of Radiologic Technologists. The curriculum must consist of not less than 52 hours of instruction approved by the Board in the following subjects:

- (A) Radiation physics;
- (B) Interaction of radiation with matter;
- (C) Radiation exposure, monitoring, and radiation units;
- (D) Principle of the radiographic equipment;
- (E) Biological effects of radiation;
- (F) Low-dose technique and minimizing patient exposure;
- (G) Applicable Federal and State radiation regulations;
- (H) Darkroom, film processing, and quality assurance;
- (I) Film and image critique;
- (J) Personnel protection;
- (K) Digital and computer-generated radiographic imaging;
- (L) Developing and using technique charts; and
- (M) Patient care.

(b) Have received a course of instruction in laboratory practice approved by the Board:

(A) Meeting the requirements stated in the Board's publication "Overview of Guidelines for Instructors of Courses in Preparation for the Limited Scope Examination in Diagnostic Radiologic Technology dated "July 2013" which is incorporated by reference and made a part of this rule;

(B) Reflects the current Radiographic Procedure Module(s) of the "Content Specifications for the Examination for the Limited Scope of Practice in Radiography" published by the American Registry of Radiologic Technologists

(C) Taught by a licensed registered technologist specific to each category for which a limited permit is sought and have received the instructor's certification that the applicant has demonstrated all the positions/projections described in the Behavioral Objectives for each category. Effective January 1, 2007, the minimum hours in each category is as follows:

- (i) Skull/Sinus, 18 hours;
- (ii) Spine, 30 hours;
- (iii) Chest, 12 hours;
- (iv) Extremities, 60 hours;
- (v) Podiatric 10 hours.

(D) An individual must successfully pass a Board-approved Core Module course and successfully complete the didactic portion of a Radiographic Procedure Module (Skull/Sinus, Spine, Chest, Extremities, and Podiatric) relative to the anatomical area the student wishes to radiograph. Student status will continue for one year from the date of completion of the didactic portion of the corresponding Radiographic Procedure Module. Student status expires at the end of the one-year period specified above; or seven days after the date on which an applicant becomes eligible for a permanent LXMO permit.

(c) Radiographic procedures cannot be performed on patients without having passed the ARRT Core exam and corresponding ARRT Radiographic Procedure module. The applicant must obtain a temporary permit to successfully complete a practical experience program approved by the Board specific to each category for which the applicant seeks a LXMO permit. The practical experience component must consist of experience with live patients with a licensed RT, radiologist, or licensed physician, licensed nurse practitioner or licensed physician assistant with adequate training in radiography in accordance with RPS Rules present in the room during radiographic exposures. Processed images made by the students are evaluated and critiqued by an ARRT-registered, Oregon-licensed radiographer Practical Experience Evaluator;

(d) The student may be evaluated for imaging by using the Practical Experience Evaluation Form developed by the Board. If the Practical Experience Evaluator chooses to use a method for evaluation other than the Practical Experience Evaluation Form, that method must receive prior approval from the Board. The Practical Experience Evaluator must provide the student with a certificate of completion in the categories in which the student has successfully completed practical experience.

(2) Applicants for LXMO Permits in X-ray Bone Densitometry: Qualifications:

(a) An applicant for a limited permit in x-ray bone densitometry must be at least 18 years of age, pay an application fee set by the Board, and have successfully passed a Board approved 24 hour

course of instruction which includes not less than 20 hours of radiation protection, equipment operation and quality control specific to x-ray bone densitometry, and meets the didactic and practical experience requirements stated in the Board's publication "Behavioral Objectives and Teaching Guide Bone Densitometry Equipment Operators dated October 01, 2008 which is incorporated by reference and made a part of this rule.

(b) An individual must successfully pass a Board-approved course in x-ray bone densitometry. Student status will continue for one year from the date of completion of the "Bone Densitometry Equipment Operators Examination" given by the American Registry of Radiologic Technologists. Student status expires at the end of the one-year period specified above; or seven days after the date on which an applicant becomes eligible for a permanent LXMO permit.

(c) Bone density procedures cannot be performed on patients without having passed the ARRT Bone Densitometry Equipment Operators Examination.

(3) LXMO Permit students who wish to sit for the ARRT Limited Scope of Practice in Radiography Examination need to have a Course Completion Certificate to be eligible to sit for the ARRT "Limited Scope of Practice in Radiography" Examination from a program both approved by the board and licensed by the Oregon Department of Education, Private Career School Section or otherwise approved or accredited by the Oregon Department of Higher Education.

(4) Time Frame for Completing Requirements for a LXMO Permit: An applicant has a maximum of one year from the time of completion of a LXMO permit didactic class term to make application for a LXMO permit or add categories to an existing LXMO permanent permit. During the practical experience program after passing the ARRT exam. the applicant may only make x-ray exposures of patients under direct supervision by a licensed RT, radiologist, or licensed physician, licensed nurse practitioner or licensed physician assistant with adequate training in radiography in accordance with RPS Rules present in the room during radiographic exposures.

(5) Students are allowed 3 attempts to pass an ARRT exam.

(6) Limited Scope Examination Fees:

(a) Students can sit for the examination throughout the year. The examination fee is \$20 for each examination category for which the student is tested, combined with an administration fee set by the American Registry of Radiologic Technologists (ARRT). These fees, together with the necessary certifications and verifications that the applicant has completed Board-approved Core Module course and Radiographic Procedure Module courses, must be submitted to the Board office. On submission and acceptance of the application materials, OBMI shall register the applicant with the ARRT, after which the applicant has 90 days in which to sit for the exam. The Board, upon advance request, may approve a student to submit an application for the examination prior to completion of all course requirements, based upon school verification that the student is expected to complete all coursework. Verification must include a preliminary course completion certificate, endorsed by a responsible school official, indicating the courses for which the student is enrolled, expected completion date, and the student's status in each course. The final approved course completion certificate is required as part of the application for a temporary permit. A temporary permit will only be issued for anatomical areas for which the applicant has successfully completed coursework and obtained a passing grade on the ARRT examination.

(b) The examination shall consist of two sections:

(A) Core Section (Radiation Use and Safety, Equipment Operation, Quality Control, Image Production, Image Evaluation, and Patient Care), which all applicants are required to pass; and

(B) Specific Radiographic Procedures (positioning and techniques) in the category or categories (Skull/Sinus, Spine, Chest, Extremities, and Podiatric) for which a limited permit is desired to be obtained. At least one category must be passed to obtain a permanent LXMO Permit (ORS 688.515(h)). The LXMO Permit may be issued only in those categories that are passed.

(c) A score of 70 percent constitutes a minimum passing score for each section of the limited scope examination;

(d) Limited scope examinations will be administered at computer-based testing sites identified by ARRT. The student is subject to rules regarding test administration at the testing site;

(e) The application fee for the LXMO permit examination is non-refundable.

[Publications: Publications referenced are available from the agency.]
Stat. Auth.: ORS 388.555(1)
Stats. Implemented: ORS 688.515(4) & 688.515(8)
Hist.: RT 2-1978, f. & ef. 7-7-78; RT 2-1982, f. & ef. 3-11-82; RT 3-1982, f. & ef. 9-30-82; RT 2-1985, f. & ef. 7-1-85; RT 2-1986, f. 4-29-86, ef. 7-1-86; RT 1-1987, f. & ef. 1-27-87; RT 3-1987, f. & ef. 4-16-87; RT 5-1987, f. & ef. 10-19-87; RT 1-1988, f. & cert. ef. 4-13-88; RT 2-1988, f. & cert. ef. 11-9-88; RT 3-1988, f. & cert. ef. 11-9-88; RT 1-1989, f. & cert. ef. 1-24-89; RT 3-1990, f. & cert. ef. 11-7-90; RT 4-1990, f. & cert. ef. 11-7-90; RT 1-1991, f. & cert. ef. 1-30-91; RT 1-1992, f. & cert. ef. 1-15-92; BRT 4-1998, f. & cert. ef. 7-15-98; BRT 2-2002, f. & cert. ef. 11-18-02; BRT 1-2006, f. & cert. ef. 2-6-06; BRT 2-2006, f. 12-15-06, cert. ef. 1-1-07; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 1-2012, f. & cert. ef. 1-12-12; BMI 1-2013, f. 4-8-13, cert. ef. 7-1-13

337-010-0031

Requirements for LXMO Permit Program Sponsors

(1) Instructors of Core Module or Radiographic Procedure Module classes must provide the Board with the names of all students who have successfully completed the didactic portions of the LXMO permit program. The list must indicate the specific didactic portion(s) of the LXMO permit program the student has successfully completed and the completion date.

(2) Retention of Student Records: instructors of Core Module or Radiographic Procedure Module classes and practical experience evaluators must retain student grades and attendance records for a period of two years.

(3) LXMO permit program sponsors must annually submit to the Board for review an outline of the LXMO permit program. The outline along with the names of all instructors teaching in the program must be submitted to the Board office no later than July 1 each year. In addition to a written outline, and as a condition of Board approval, each LXMO permit program site shall be inspected biannually or as needed by a Board member or an authorized representative of the Board. The site visit shall include an inspection of the physical premises on which LXMO permit programs are conducted as well as interviews with students currently enrolled in the LXMO permit program.

(4) A resource library shall be maintained at the program site and the resource materials shall be made available to students.

(5) Prior to the first class meeting, Board-approved LXMO permit programs must provide students with clear statements describing the course and program policies. These must include but are not necessarily limited to information regarding the following:

(a) Student costs including tuition, books, lab fees, LXMO permit examination fees, LXMO permit application and renewal fees;

(b) Tuition refund policies;

(c) How the practical experience requirement will be fulfilled including a clear explanation of the responsibilities to be assumed by the program and the responsibilities that will be assumed by the student;

(d) Employment guarantees, if any;

(e) Course outlines and minimum hourly requirements for each section of the course;

(f) The LXMO permit examination process including applications, deadlines for filing for the examination, and examination fees;

(g) LXMO permits including applications and fees.

(6) Failure by the LXMO permit program sponsor to submit the outline required under this section or to cooperate in the site visit procedure shall constitute grounds for the Board's refusal to approve the program.

(7) If the Board's inspection of a LXMO permit program site reveals that corrective action needs to be taken, the Board or its representative will so notify the program director. The program director shall respond in writing to the Board within 20 days of

receiving the information. The response shall consist of a description

of the corrective action that will be taken.

(8) Any LXMO Permit course of instruction, approved by the

Board in order to satisfy the Board's requirement for didactic and

clinical experience portions of the LXMO Permit course of instruc-

tion, shall be made generally available to the public for purposes of

enrollment in and completion of the course, unless the Board, for

good cause, decides otherwise.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.515(3)(e)

Hist.: RT 1-1989, f. & cert. ef. 1-24-89; RT 3-1990, f. & cert. ef. 11-7-90; BRT

6-1998, f. & cert. ef. 10-16-98; BRT 2-2006, f. 12-15-06, cert. ef. 1-1-07; BRT

1-2010, f. & cert. ef. 6-15-10

337-010-0033

Fluoroscopy Permits for Physician Assistants

(1) Process to enroll for the fluoroscopy examination: Applicants for Limited Fluoroscopy Permits must submit to the board office a completed OBMI examination application form to enroll the applicant to sit for the fluoroscopy examination offered by the American Registry of Radiologic Technologists (ARRT). The examination application must be accompanied by:

(a) Certification of successful completion of the didactic component of the latest version of the Fluoroscopy Educational Framework for the Physician Assistant, a program that was developed through collaboration of the American Academy of Physician Assistants and the American Society of Radiologic Technologists.

(b) Documentation of full completion of the clinical component of the Fluoroscopy Educational Framework for the Physician Assistant, including the:

(A) Fluoroscopic device orientation check-off; and

(B) Clinical experience documentation form. While the physician assistant is completing the clinical experience educational component, a permit from OBMI is not required and the physician assistant must have the evaluator in the room to personally supervise and evaluate the clinical training. Supervision and evaluation must be provided by either the physician assistant's supervising physician, or by a licensed radiologist, licensed radiographer or medical physicist. Supervision during this clinical component must be personally provided (in the room) during all clinical procedures.

(c) Copy of current physician assistant license in good standing from the Oregon Medical Board; the license must indicate active, locum tenens, or military/public health active registration.

(d) The examination fee, which is \$20 combined with an examination fee set by the ARRT.

(2) Upon submission of the complete application and fee, the OBMI will register the examination applicant with the ARRT.

(3) The applicant can sit for the examination up to three times. An applicant who fails three times to pass the ARRT fluoroscopy examination is required to confirm that they have completed the didactic and clinical components again, in order to re-apply to sit for the examination.

(4) Persons whose examination applications and fees are properly submitted to the OBMI are designated as "applicants" and are the only persons authorized by the board to submit an application to the board to sit for the fluoroscopy examination. Applicant status expires upon the earlier of:

(a) One year from date of successful completion of the didactic component of the educational framework, as reflected on the certificate indicating a passing score on the post-test;

(b) Immediately upon failure of the third attempt to pass the ARRT fluoroscopy examination within the one-year period, or

(c) Immediately upon passage of the ARRT fluoroscopy examination.

(5) The examination will be administered at computer-based testing sites identified by the ARRT. The applicant is subject to the rules regarding test administration at the testing site.

(6) The application fee for the examination is non-refundable.

(7) Fluoroscopy permit. To obtain a fluoroscopy permit, a person must:

(a) Possess a current unexpired physician assistant license in good standing from the Oregon medical board indicating active, locum tenens, or military/public health active registration;

(b) Have provided documentation of successful completion of the didactic and clinical components of the fluoroscopy educational framework developed jointly by the ASRT and the AAPA;

(c) Pass the ARRT fluoroscopy examination;

(d) Complete and submit a permit application to the board of medical imaging, in the form and manner specified by the board of medical imaging;

(e) Pay the nonrefundable permit fee established by the board of medical imaging; and

(f) Submit to a criminal background check as specified by the board of medical imaging.

Stat. Auth.: ORS 688.555

Stats. Implemented: 2015 HB 2880

Hist.: BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-010-0045

Temporary Licensee

(1) Temporary License

(a) Students who have successfully completed, or will successfully complete within six months, an approved school's didactic and clinical programs may apply for a temporary license that will be effective upon completion of the approved school's program.

(b) A temporary license is intended to allow graduates of an approved school to gain additional paid medical imaging experience in the applicable imaging modality before completing required credentialing examinations.

(c) With an endorsement to OBMI from the medical imaging program director at a student's school, indicating that the student is in good standing and is in the process of meeting educational requirements for graduation on a date specified, and that the student is competent to work under supervision, a temporary license may be issued which will be valid up to five months prior to the specified course completion date.

(d) A temporary license is valid for 6 months and may be renewed for a single six-month renewal period upon Board approval.

(e) A temporary licensee must apply to the Board for a medical imaging license within 30 days of being awarded a credential in a medical imaging modality by a recognized credentialing organization.

(f) If a temporary licensee is also licensed by the Board in another medical imaging modality, the restrictions of this subsection shall only apply when the individual is functioning as a temporary licensee.

(2) Temporary Licensee Supervision. A temporary licensee may only operate the applicable medical imaging modality under the indirect supervision of a licensed physician, or an individual licensed by the Board and credentialed by a credentialing organization in the medical imaging modality identified on the temporary license. For purposes of this subsection, indirect supervision means that the supervisor is physically present in the building and available to assist the temporary licensee as needed.

(3) Temporary License to add modality through post-primary pathway:

(a) The post-primary license is intended for current licensees who are completing clinical requirements necessary to add a different licensure modality to their current license. Supervision must be provided by a physician or technologist fully licensed to practice in the same modality as the post-primary license. All practice completed under the post-primary license must be specific to the modality on the post-primary temporary license and must be applicable to the post-primary licensee's clinical requirements for the licensure modality being added.

(b) A post-primary temporary license is valid for six months and may be renewed for a single six-month period upon Board approval. In addition, the license issued under this subsection may be permitted to have extended license renewals for up to two additional six-month periods based upon a showing of good cause, upon application for each six month extension renewal, demonstrating that the credentialing registry's clinical requirements cannot be completed within the prescribed timeframe due to limitations of the clinical practice site. Provisional licensees may apply and receive a temporary post-provisional license in the same modality for which they were issued a provisional license.

(c) Levels of supervision for post-primary temporary license: For purposes of this subdivision, post-primary temporary licensees must receive direct supervision for at least the initial six months of the license duration, with indirect supervision for the remaining period of licensure. For purposes of this subdivision, direct supervision means that the supervisor is physically present with the temporary licensee and patient. Indirect supervision has the same meaning as Paragraph (2).

(d) Application process: As part of the application for a post-primary temporary license, the applicant must provide documentation that the applicant has completed a minimum of 16 hours of

category “A” content-related education. The Board may require confirmation of clinical supervision and clinical practice site, and may limit the post-primary temporary licensee to one or more specific practice sites. The Board may require confirmation that the applicant is eligible for credentialing in the new modality, if the relevant clinical experience requirements are met, and may deny an application based upon a lack of evidence of eligibility.

(e) Educational Plan: The supervising institution shall provide an outline of the training provided to each licensee under this subsection. The outline must be individualized for each licensee and must identify authorized institutional personnel who will supervise the licensee. This outline must be submitted with the application. As part of the application process, the Board may consult with the institution and may require revisions to the educational plan.

(4) Temporary Computed Tomography (CT) License: On or after January 1, 2017, technologists with active OBMI licensure in radiography, radiation therapy or nuclear medicine who are in the process of obtaining CT experience in order to sit for a CT credentialing examination shall first obtain a temporary license from the Board while they perform their CT competencies under this section. Competencies shall be performed under supervision of a licensed physician or credentialed CT technologist who is at least physically present in the building and available to assist the temporary licensee as needed. The Board may require documentation or confirmation of supervision and that a technologist who has a temporary license under this paragraph or who is applying for a temporary license under this paragraph is in the process of obtaining a CT credential under this paragraph, and may deny an application for a temporary license based upon the Board’s determination that an applicant is not working toward a CT credential or that the applicant does not have the required supervision.

(a) Education prerequisite: As part of the application for a temporary CT license, the applicant must provide documentation of a minimum of eight (8) hours of Category “A” didactic education in CT and eight (8) hours of Category “A” didactic training in cross sectional anatomy. These hours must have been earned within the 24-month period directly preceding submission of the application.

(b) Duration of temporary CT license: A temporary CT license is valid for six months and may be renewed for a single six-month period upon Board approval. In addition, the license issued under this subsection may be permitted to have extended license renewals for up to two additional six-month periods based upon a showing of good cause, upon application for each six month extension renewal, demonstrating that the credentialing registry’s clinical requirements cannot be completed within the prescribed timeframe due to limitations of the clinical practice site.

Stat. Auth.: ORS 688.520(7)

Stats. Implemented:

Hist.: RT 2-1978, f. & ef. 7-7-78; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 2-2012, f. 4-26-12, cert. ef. 5-1-12; BMI 3-2013, f. 10-30-13, cert. ef. 1-1-14; BMI 2-2014, f. & cert. ef. 10-20-14

337-010-0080

Processing of Applications

Applications for licensure under the auspices of the Board will be processed in the order received in the Board office. Paper documents will be date-stamped. Electronic documents will be dated and timed, to the extent possible by existing technology.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.445(1)

Hist.: BRT 6-1998, f. & cert. ef. 10-16-98

DIVISION 20

BIRTHDAY MONTH RENEWAL

337-020-0015

Timely Renewal of Medical Imaging Licenses and Permits — Permanent

(1) Before the expiration date of a license or permit, the Board will, as a courtesy, mail or email notice for renewal of license or permit to the last address on file in the Board’s records to every person holding a current license or permit.

(2) An applicant for renewal of a license or permit must accurately complete the renewal form and pay the applicable licensing fee.

(3) An OBMI license or permit renewal application must be received by OBMI 30 days before a license or permit expires.

(4) A license or permit expires biennially on the first day of the birth month of the licensee.

(5) No person is allowed to practice after a license or permit expires.

(6) No applicant for initial or renewal licensure may practice medical imaging until s/he has received a certificate of licensure, either a license or a permit, from the Board.

(7) No person who has allowed his or her license or permit to expire may practice medical imaging until s/he has renewed or reinstated a license or permit and has received a certificate of licensure from the Board.

[ED. NOTE: Forms referenced are available from the agency.]

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.445(5) & 688.515(4)

Hist.: BRT 1-2003, f. 8-14-03, cert. ef. 8-15-03; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-020-0040

Requirements for Prorating of Fees

License and permit renewal fees will be prorated only if the applicant can demonstrate to the Board that (s)he did not practice medical imaging in Oregon during the time the license or permit was expired.

Stat. Auth.: ORS 688

Stats. Implemented:

Hist.: RT 2-1989, f. & cert. ef. 11-2-89; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

DIVISION 21

FEES

337-021-0005

Fee for a Temporary License

The Board shall issue a six (6) month Temporary License to a qualified applicant upon receipt of a \$30 fee.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.515(6)

Hist.: BRT 1-2002, f. 1-10-02, cert. ef. 1-14-02; BRT 1-2010, f. & cert. ef. 6-15-10

337-021-0010

Fee for a Temporary LXMO Permit

The Board shall issue a six (6) month Temporary LXMO Permit to a qualified applicant upon receipt of a \$30 fee.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.515(6)

Hist.: BRT 2-1998(Temp), f. & cert. ef. 4-20-98 thru 10-15-98; BRT 5-1998, f. & cert. ef. 7-15-98; BRT 1-2002, f. 1-10-02, cert. ef. 1-14-02; BRT 1-2010, f. & cert. ef. 6-15-10

337-021-0020

Fee for a Delinquent Renewal

An additional \$25 delinquent fee must accompany license or permit renewals not postmarked by the last day of the month that the license or permit expires.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.445(4) & 688.515(4)

Chapter 337 Board of Medical Imaging

Hist.: BRT 2-1998(Temp), f. & cert. ef. 4-20-98 thru 10-15-98; BRT 5-1998, f. & cert. ef. 7-15-98; BRT 1-2002, f. 1-10-02, cert. ef. 1-14-02; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-021-0030

Fee for a Medical Imaging Licensee — Permanent

Effective July 1, 2010, the fee for a Medical Imaging Licensee is \$5 per month.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.445(5)

Hist.: BRT 5-1998, f. & cert. ef. 7-15-98; BRT 1-2002, f. 1-10-02, cert. ef. 1-14-02; BRT 1-2010, f. & cert. ef. 6-15-10

337-021-0040

Fee for a LXMO Permit — Permanent

Effective July 1, 2010, the fee for a renewed LXMO permit is \$5 per month.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.515

Hist.: BRT 5-1998, f. & cert. ef. 7-15-98; BRT 1-2002, f. 1-10-02, cert. ef. 1-14-02; BRT 2-2002, f. & cert. ef. 11-18-02; BRT 1-2010, f. & cert. ef. 6-15-10

337-021-0049

Fee for a Fluoroscopy Permit

The fee for a fluoroscopy initial or renewal permit is \$5 per month.

Stat. Auth.: ORS 688.555

Stats. Implemented: 2015 HB 2880

Hist.: BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-021-0055

FBI Fingerprint Background Check

Fingerprinting — \$52.

Stat. Auth.: ORS 688.555

Stats. Implemented: ORS 688.557 & 688.560(5)

Hist.: BMI 1-2014, f. 6-3-14, cert. ef. 7-1-14

337-021-0070

Application Fees Non-Refundable

The application fee for an initial license or initial permit or Permit Examination application fee is non-refundable.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.455 & 688.515(3)

Hist.: BRT 2-2002, f. & cert. ef. 11-18-02; BRT 1-2010, f. & cert. ef. 6-15-10; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-021-0080

Refunds

When the board determines that moneys have been received in excess of the amount legally due in an amount of \$25 or less, the board will refund the amount upon receipt of a written request from the person who paid the money or the legal representative of that person.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 293.445(4)

Hist.: BRT 2-2002, f. & cert. ef. 11-18-02

DIVISION 30

COMPLIANCE AND DISCIPLINE

337-030-0002

Unprofessional Conduct

Unprofessional Conduct includes but is not limited to the following:

(1) Engaging in the practice of medical imaging technology while under the influence of intoxicating liquor, controlled substance, or any other drugs which impair consciousness, judgment, or behavior to the extent that normal physical or mental faculties are impaired. For purposes of this definition, a person is “under the influence” of intoxicating liquor if either the person has 0.08 or more of alcohol in the blood as shown by a chemical analysis of breath or blood or other evidence establishes that the person’s normal physical or mental faculties are impaired after having consumed intoxicating liquor; or

(2) Making or filing false reports or records in the practice of medical imaging technology, impeding or obstructing the proper making and filing of reports or records, or willfully failing to file the proper report or record; or

(3) Disclosure of information in violation of state and federal law; or

(4) Discrimination in the practice of medical imaging against any person on account of sex, race, religion, creed, color, or national origin; or

(5) Repeatedly failing to abide by city, state, and federal regulations or laws pertaining to the practice of radiologic technology; or

(6) Engaging in sexual harassment in the practice of medical imaging. “Sexual Harassment” is defined as deliberate or repeated comments or gestures of a sexual nature or touching of the sexual or other intimate parts of a person when the recipient states expressly or it can be reasonably inferred, that the comment, gesture or touching is unwanted by the recipient;

(7) Failing to respond to inquiries by the Board;

(8) Failing to cooperate in investigations conducted by the Board or a Temporary Peer Review Committee;

(9) Failing to provide competent care to a patient. Competent care requires the technical knowledge, skill, thoroughness, and preparation reasonably necessary for the care;

(10) Violation of ORS 688.405 to 688.605 or any rule of the Board;

(11) Failure to timely pay any civil penalty imposed by the Board;

(12) Violation of any order of the Board.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.525(1)(b)

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-030-0005

Enforcement, Investigations and Inspections

(1) Investigations

(a) Licensees must report violations of ORS 688.405 through 688.605 and OAR 337.

(b) Disciplinary issues concerning administrative matters (e.g., lapsed license, false information, etc.)

(c) Disciplinary issues concerning scope of practice and standards of practice

(2) OBMI may form temporary peer review committees (TPRC’s) in the relevant modality or subspecialty to advise the board of appropriate action.

(3) TPRC’s will consider disciplinary issues concerning scope of practice and standards of practice.

(4) Selection and appointment of TPRC’s by OBMI

(a) Composition

(A) Two licensees holding similar credentials

(B) One physician experienced in applicable medical specialty and imaging modality

(C) One public OBMI member

(b) Authority TPRC’s will make recommendations to the OBMI

(c) Responsibilities

(A) Review relevant medical information resulting from investigation

(B) If necessary, request additional information be provided

(d) OBMI to make final determination

(e) Privacy, Confidentiality, Discoverability of information from investigation, Temporary Peer Review Committee, or OBMI meetings Committee members must maintain confidentiality as provided by ORS 676.175

(f) Licensee compliance with investigation — Inspections. In addition to those requirements set out in ORS 688.595, licenses and permits shall be on file in the department in which the licensee or permit holder works and shall be made available for inspection by the Radiation Protection Services (RPS), Department of Human Services, State of Oregon.

Stat. Auth.: ORS 688

Stats. Implemented:

337-030-0010

Imposition of Civil Penalties

(1) When a civil penalty is imposed it does not preclude the imposition of any other disciplinary sanction against the licensee or permittee.

(2) The civil penalty shall be payable to the Board by cash, cashier's check, or money order.

(3) Civil penalties shall be imposed per violation according to the following schedule in the absence of a finding of aggravating or mitigating circumstances:

(a) Practicing medical imaging without a current Oregon license or permit due to nonpayment of fees:

- (A) Date license becomes void to six months, \$100;
(B) Six months to twelve months, \$200;
(C) One year to two years, \$500;
(D) Two years and up, \$1,000.

(b) Practicing medical imaging without a current Oregon license or permit, not related to nonpayment of fee — \$1,000;

(c) Unprofessional conduct by a licensee or permittee — \$1,000;

(d) Violation of ORS 688.405 to 688.605 or any rule of the Board of Medical Imaging unless otherwise provided in this schedule, \$1,000;

(e) Gross negligence in the practice of medical imaging, \$1,000;

(f) Employing an individual to practice medical imaging when the individual does not have a current, valid Oregon license or permit, \$1,000;

(g) Making a false statement to the Board, \$500;

(h) Practicing medical imaging outside the scope for which the license or permit is issued, \$500;

(i) Obtaining or attempting to obtain a license or permit or a renewal of a license or permit by false representation, \$500;

(j) Purporting to be a licensee or permittee when the person does not hold a valid license or permit, \$1,000;

(k) Practice medical imaging under a false or assumed name, \$500;

(l) Conviction of a crime where such crime bears a demonstrable relationship to the practice of medical imaging, \$1,000;

(m) Has undertaken to act as a medical imaging licensee independently of the supervision of a practitioner licensed by the State of Oregon to practice one of the healing arts, \$1,000.

(n) Employing or allowing an individual to practice medical imaging outside the scope of the license or permit, \$1,000;

(4) The Board must report to the appropriate credentialing organizations all Board disciplinary actions and all cases where the Board issues a conditional license.

Stat. Auth.: ORS 688.555(1)

Stats. Implemented: ORS 688.605(4)

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10; BMI 3-2015, f. 11-4-15, cert. ef. 1-1-16

337-030-0015

Aggravation and Mitigation

After misconduct has been established, aggravating and mitigating circumstances may be considered in deciding what sanction to impose:

(1) Aggravation or aggravating circumstances are any considerations or factors that may justify an increase in the degree of discipline to be imposed. Mitigation or mitigating circumstances are any considerations or factors that may justify a reduction in the degree of discipline to be imposed.

(2) Factors which may be considered as aggravating factors include:

- (a) Prior disciplinary offenses;
(b) A pattern of misconduct;
(c) Multiple offenses;

(d) Bad faith obstruction of the disciplinary proceeding by intentionally failing to comply with rules or orders of the disciplinary agency;

(e) Submission of false evidence, false statement, or other deceptive practices during the disciplinary process;

(f) Refusal to acknowledge wrongful nature of conduct.

(3) Factors which may be considered mitigating factors include:

- (a) Absence of a prior disciplinary record;
(b) Timely good faith effort to make restitution or to rectify consequences of misconduct;
(c) Full and free disclosure to disciplinary board or cooperative attitude toward proceeding;

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- (d) Physical or mental disability or impairment;
 - (e) Interim rehabilitation;
 - (f) Imposition of other penalties or sanctions.

Stat. Auth.: ORS 183.310(7) & 688.555(1)

Stats. Implemented:

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-030-0020

Requiring an Answer to Charges as Part of Notices to Parties in Contested Cases

In addition to the notice requirements under the Attorney General's Model Rules of Procedure adopted under OAR 337-001-0005, the notice to parties in contested cases may include the statement that an answer to the assertions or charges will be required, and if so, the consequence of failure to answer. A statement of the consequences of failure to answer may be satisfied by enclosing a copy of OAR 337-010-0075 with the notice.

Stat. Auth.: ORS 688

Stats. Implemented:

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10

337-030-0025

Hearing Request and Answers: Consequences of Failure to Answer

(1) A hearing request, and answer when required, shall be made in writing to the Board by the party or his attorney and an answer shall include the following:

(a) An admission or denial of each factual matter alleged in the notice;

(b) A short and plain statement of each relevant affirmative defense the party may have.

(2) Except for good cause:

(a) Factual matters alleged in the notice and not denied in the answer shall be presumed admitted;

(b) Failure to raise a particular defense in the answer will be considered a waiver of such defense;

(c) New matters alleged in the answer (affirmative defenses) shall be presumed to be denied by the agency; and

(d) Evidence shall not be taken on any issue not raised in the notice and answer.

Stat. Auth.: ORS 688

Stats. Implemented:

Hist.: BRT 1-2010, f. & cert. ef. 6-15-10