

PORTLAND

SCHOOL OF

RADIOGRAPHY

Dear Applicant,

Thank you for contacting Portland School of Radiography (PSR) and requesting an application for our program.

Portland School of Radiography is the longest running program for training limited X-ray machine operators (LXMO) in the state of Oregon. Our instructors have many decades of experience at both the graduate and post graduate level and we have successfully trained more limited permit holders than any other program. Due to our limited class size and skills labs, we are able to maintain an excellent student/teacher ratio, thus maximizing teacher accessibility for of our students. Utilizing x-ray simulators, we are able to provide our students with an educational experience second to none. Our note packets, handouts and examinations are continuously updated, assuring that our students receive the most accurate and current information available. Our teachers are eager to help and are reachable via email during the week outside of class time.

An applicant wishing to obtain a limited permit in Oregon (LXMO) needs to complete and pass a limited x-ray training program approved by the Oregon Board of Medical Imaging (OBMI). They then apply to the OBMI to take the appropriate examinations offered by the American Registry of Radiologic Technologists (ARRT). Once they have passed the core module ARRT examination, they need to apply to the OBMI for a temporary permit. Once they have a temporary permit, they can start taking x-rays under an approved supervisor. The student then, needs to pass the ARRT examinations in specific anatomical areas and complete practical experience requirements. Finally, after both have been successfully done, the applicant must submit an application for a permanent limited permit license to OBMI (see OBMI guidelines for complete details).

PSR’s application process is updated from time to time in order to stay compliant with rule changes from the OBMI. **PSR requires that our students be employed and have a designated in office x-ray supervisor (with adequate training in radiography per OBMI requirements)**. Upon successful completion of the program, PSR will act as a clinical coordinator and remain in regular contact with the students, their office and the supervisor during the practical component of the student’s training until they obtain their permanent permit. A completed signed application for each student (including payment) is required prior to the start of classes. Our program is a combination of live online lectures and in-person labs taught on weekends only, but **study time and** **online access are necessary during the week. Homework is required and expected to be completed in a timely manner in order to pass the course.**

If you have any additional questions please contact the program registrar, Edith, at 503-635-0105. We look forward to working with you.

Portland School of Radiography

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| Portland school of radiography  Student Application to be returned with full payment, copy of ID, and signed agreement: |

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| Applicant Information | | | | | | | | | | | | | | | | |
| Last Name | | | |  | | First Name |  | | | | | | | Date Of Birth | |  |
| Street Address | | | |  | | | | | | | | Apartment/Unit # | | | |  |
| City | | | |  | | | State, zip | | |  | | | | | | |
| Social Security # | | | |  | | | | | | | | | | | | |
| Phone | | | |  | E-mail Address | | |  | | | | | | | | |
| Employer Name | | | |  | | | | | | | | | | | | |
| Employer Address | | | |  | | | | | City, State & zip | | | | | | | |
| Work phone | | | |  | | | Work Fax | | | | | | | | | |
| Clinic Manager | | | |  | | | Phone | | | | | | | | | |
| X-Ray Supervisor name w/ credentials | | | | | | | | | | | | | Phone | | | |
|  | | | | | | | | | | | | | | | | |
| Tuition/Module – Cash/check cost | | | | | | | | | | | | | | | | |
| **Select Choices:** | | | | | | | | | | | Paid by 3/20/2024 | | | | After 03/20/2024 | |
| ✓ | | Non-refundable application/registration fee (required) | | | | | | | | | ✓ 75.00 | | | | ✓ 75.00 | |
|  | | Radiation Use & Safety (Core Module) | | | | | | | | | 1700.00 | | | | 1750.00 | |
|  | | Extremities | | | | | | | | | 1800.00 | | | | 1850.00 | |
|  | | Podiatry | | | | | | | | | 600.00 | | | | 650.00 | |
|  | | Spine | | | | | | | | | 950.00 | | | | 1000.00 | |
|  | | Chest | | | | | | | | | 500.00 | | | | 550.00 | |
|  | | Skull/Sinuses (not offered this term – let us know if interested in future) | | | | | | | | |  | | | |  | |
|  | | **TOTAL:** | | | | | | | | | | | | | | |
|  | | **To pay via credit card, select this line and provide us with an email to invoice you (the total will include an additional CC processing fee of approx. 3.5%):** | | | | | | | | | | | | | | |
| **RECOMMENDED textbook and workbook:** *(You can order directly at Elsevier.com or Amazon.com)*  Radiography Essentials for Limited Practice by Long, Frank & Ehrlich, 6th Edition – ISBN # 9780323661874  Practice workbook and Licensure Exam Prep for Radiography Essentials for Limited Practice – ISBN# 9780323673150 | | | | | | | | | | | | | | | | |
|  | | | \*Students needing to repeat module(s), please contact the office for tuition cost. | | | | | | | | | | | | | |
|  | | | **\*\*** Offices sending 3 or more students, contact the office for possible discount. | | | | | | | | | | | | | |
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|  | | | \*\*\*We do **NOT** recommend signing up for more than 3 modules per term unless you have discussed it with us prior to registration. | | | | | | | | | | | | | |
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| Student Enrollment Agreement – Cancellation and Refund Policies | | | | | | | | | | | | | | | | |
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| Instructional term begins on 03/30/2024 and ends on 07/20/2024. | | | | | | | | | | | | | | | | |
| **The school will charge a non-refundable $75 application/registration fee per term.** | | | | | | | | | | | | | | | | |
| **Full payment (either by check/money order/credit card) must be received by the beginning of the term in order to begin classes.** | | | | | | | | | | | | | | | | |
| A student may cancel or terminate their enrollment by giving **written notice** to the school. | | | | | | | | | | | | | | | | |
| **TUITION REFUND POLICY** is as follows (please initial the boxes to acknowledge understanding/agreement of each point): | | | | | | | | | | | | | | | | |
|  | 1. Each and all modules are offered provided there is sufficient and adequate enrollment. In the case of cancellation of a module **by PSR**, full refund will be provided. | | | | | | | | | | | | | | | |
|  | 1. If written notice is **post-marked** up to 10 days prior to the beginning of the term (by pre-registration deadline of 03/20/2024), tuition shall be fully refunded (with the exception of credit card processing fee). | | | | | | | | | | | | | | | |
|  | 1. After the pre-registration deadline (03/20/2024), 50% refund of tuition will be issued for any modules in which the student is enrolled but which have not started prior to withdrawal notice received (with the exception of credit card processing fee). | | | | | | | | | | | | | | | |
|  | 1. There will be **no refund** for any module **once the module has begun**. | | | | | | | | | | | | | | | |
| Tuition includes Radiation Use and Safety notes and anatomic category positioning notes relative to the module(s) chosen. | | | | | | | | | | | | | | | | |
| Study time and online access **required** during the week to complete necessary homework/test. | | | | | | | | | | | | | | | | |

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| Agreement | | | |
| I certify that I am at least 18 years of age and am not a convicted felon. I will provide a copy of my **driver’s license** (or if not available, other official ID). **I have read and received a copy of this enrollment agreement and agree to any stipulations listed in them:** | | | |
| Student Signature |  | Date |  |
| Signature of Supervisor |  | Date |  |
| Signature of School Representative |  | Date |  |
|  | | | |
| **PORTLAND SCHOOL OF RADIOGRAPHY** | | | |

**Spring term lab location:** RAYUS Imaging

8950 SW Nimbus

Beaverton, OR 97008

**PSR Mailing address:** 539 10th Street

Lake Oswego, OR 97034

For more information, please contact us at (503) 635-0105

or email us at [psr.xray@comcast.net](mailto:psr.xray@comcast.net)

**Definitive schedule and lab hours for each anatomical module will be determined and confirmed when enrollment is complete as we may need to make schedule changes to accommodate for limited space this term.**

**We apologize for this inconvenience and thank you for your flexibility.**

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| SPRING TERM 2024 | | | |
| (subject to changes to accommodate student enrollment, teachers’ availability, or other requirements) | | | |
| **CORE/RUS/PATIENT CARE (52 hrs)** | | | |
| Sat March 30 | Online | | 9:00 AM - 4:30 PM |
| Easter Sunday March 31 | | | |
| Sat April 6 and Sun April 7 | Online | | 9:00 AM - 4:30 PM |
| Sat April 13 | Online | | 9:00 AM - 4:30 PM |
| Sunday 4/14 off | | | |
| Sat April 20 and Sun April 21 | Online | | 9:00 AM - 4:30 PM |
| Sat April 27 and Sun April 28 | Online | | 9:00 AM - 4:30 PM |
| **PODIATRY (10 hrs)** | | | |
| Saturday May 4 | Online | | 9:00 AM - 5:00 PM |
| Mother’s Day Sunday May 12 | | | |
| **\*Saturday May 11 or 18 TBD** | **LAB In person** | | **TBD** |
| **CHEST (12 hrs)** | | | |
| Sunday May 5 | Online | | 9:00 AM - 5:00 PM |
| Mother’s Day Sunday May 12 | | | |
| **Sunday May 19** | **LAB In person** | | **TBD** |
| **SPINE (30 hrs)** | | | |
| Saturday May 18 | Online | | 9:00 AM - 5:30 PM |
| Memorial week-end May 25-27 | | | |
| Saturday June 1 | Online | | 9:00 AM - 5:30 PM |
| **Sunday June 2** | **LAB In person** | | **TBD** |
| Sat June 8 catching up day if necessary | | | |
| **Sunday June 9** | **LAB In person** | | **TBD** |
| **EXTREMITY (60 hrs)** | | | |
| Saturday June 15 | | Online | 9:00 AM - 5:30 PM |
| Father’s Day June 16 | | | |
| Saturday June 22 | | Online | 9:00 AM - 5:30 PM |
| **Sunday June 23** | | **LAB In person** | **TBD** |
| Saturday June 29 | | Online | 9:00 AM - 5:30 PM |
| **Sunday June 30** | | **LAB In person** | **TBD** |
| Saturday July 6 | | Online | 9:00 AM - 5:30 PM |
| **Sunday July 7** | | **LAB In person** | **TBD** |
| **\*Sat July 13 or Sun July 14 TBD** | | **LAB In person** | **TBD** |