New Mexico Medical Imaging and Radiation Therapy Program

NM STATE EXAMINATION APPLIATION FORM

Form No. or Version 3.26.2010 Date March 2010

Regulation 20.3.20 NMAC

Customer Guidance http://www.nmenv.state.nm.us/nmrcb/radiologictechnologists_forms.html

New Mexico Environment Department
Radiation Control Bureau
New Mexico Medical Imaging and Radiation Therapy Program
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Phone No. (505) 476-3264
Facsimile No. (505) 476-3015

GENERAL INFORMATION

Social Security No. _____ Date of Birth _____ Maiden Name _____

An official copy of current identification is required.
Please check of the of the type submitted with this application. ☐ Drivers License ☐ Pass Port

First Name _____

Last Name _____

Middle Name _____

Address _____ City _____

State [Abbreviate] _____ Zip Code _____ Home Phone No. _____ Cell No. _____

Email Address _____

Select the Type of NM State Examination ☐ Full Examination or ☐ Limited Examination

Enter the name and address of the school or approved program as listed on the American Registry of Radiologic Technologist (ARRT) web page. _____ Graduation date or program completion date _____

Check the box of the document type submitted for examination eligibility. ☐ Diploma or Transcripts attached or ☐ Notarized Letter attached

Limited X-ray Examinations

After this application is reviewed it is forwarded to the American Registry of Radiologic Technologists (ARRT) for an assigned 90-day examination window. Pearson VUE will provide instructions for taking the examination. The core portion of the examination must be taken in addition to other qualifying areas. Examination results are provided by this office after the raw test scores are received from ARRT.

FEE CALCULATOR - EXAMINATION FEES	QUANTITY	PRICE	AMOUNT
NM Application			10.00
Licensure Examination		100.00	$0.00
Temporary Licensure Examination		35.00	$0.00
		Grand Total	$10.00

Make checks or money orders payable to the NM Environment Department or NMED.
Cash and credit cards can ***NOT*** be processed at this time.

Enter check number or money order No. _____

I certify I have not been convicted of a felony, and applicable child support payments are not delinquent. All information submitted is true and correct to the best of my knowledge. I have read and understand the New Mexico Radiation Protection Regulations, and understand I am required to comply with these regulations.

Signature _____ Date _____

RCB USE ONLY Check Date _____ Check No. _____ Check Amount _____