Fill in the form electronically and enter the quantities of requested services in the Fee Calculator. When the form is complete, press the button to the right to print. An electronic copy may also be saved by using the tool box at the top of the page.

Press here to print c

Medical Imaging and Radiation Therapy Program

STATE EXAMINATION APPLICATION FORM

Date October 2014

Regulation 20.3.20 NMAC

Customer Guidance

New Mexico Environment Department
Medical Imaging and Radiation Therapy Program
PO Box 5469
Santa Fe, NM 87505

Phone No. (505) 476-8600

GENERAL INFORMATION

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

A copy of an official government photo identification is required. Please check the box of the document 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
		Total	110.00

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 hereby certify that I am in compliance with all applicable judgments and orders for child support and am in compliance with all applicable subpoenas or warrants related to paternity or child support proceedings and all other Radiation Protection Regulations, and that all information provided is true to the best of my knowledge.

Signature _____ Date _____

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