



**Medical Imaging & Radiation Therapy Program (MIRTP)**  
 PO Box 5469 Santa Fe, NM 87502-5469  
 Program Contacts: (505) 280-2790 | (505) 629-9761  
 Email: [rcb.MIRTP@env.nm.gov](mailto:rcb.MIRTP@env.nm.gov)  
 LINK: [NMAC 20.3.20 - MIRTAC APPROVED RULES AND REGULATIONS](#)

*[Rules are subject to change as determined by the Annual MIRTAC meeting held every December](#)*

### Provisional License Application

Please clearly fill in all required fields. This form may be printed and completed manually by legibly writing in your responses. Your original certificate(s) of licensure will be mailed to the address entered in Section 1.

**APPLICATION WILL BE REJECTED IF MISSING ANY REQUIRED INFORMATION OR DOCUMENTS**  
**YOU MUST RESUBMIT THE ENTIRE PACKET IF REJECTED – DO NOT SEND SEPARATELY**

**Only apply for a New Mexico Provisional License if you are currently following a training pathway established by one of the MIRTP-approved certifying and registering credentialing organizations (see Section 5). (CT)(MRI)(GS)(VS)(CS)(MK)(PS)**

**Provisional licensure is a 2-year term and may only be renewed once for another 2-year term. If your provisional licenses expires, it will NOT be Extended. You must pass the pathway exam you are pursuing within the allotted time. If you do not pass the exam you cannot receive a license in the state of New Mexico. See 20.3.20.322 (B)(3) [NMAC 20.3.20 - MIRTAC APPROVED RULES AND REGULATIONS](#)**

#### SECTION 1 – PERSONAL INFORMATION

|                    |  |                             |
|--------------------|--|-----------------------------|
| DATE               |  |                             |
| REGISTRATION NO.   |  | Located on your Certificate |
| NAME               |  |                             |
| ADDRESS            |  |                             |
| CITY   STATE   ZIP |  |                             |
| PHONE – PERSONAL   |  |                             |
| WORK PHONE         |  |                             |
| EMAIL ADDRESS      |  |                             |

#### SECTION 2 - ACTIVE CERTIFICATIONS APPLYING FOR CREDENTIALS MUST BE ATTACHED AND SENT WITH APPLICATION

|                  |  |   |
|------------------|--|---|
| ARDMS ID NUMBER  |  | <b>List each Provisional Pathway you are Requesting</b> |
| ARRT ID NUMBER   |  |   |
| ARMRIT ID NUMBER |  |   |
| CCI NUMBER       |  |   |
| NMTCB ID NUMBER  |  |   |

**INSTRUCTIONS FOR SUBMITTING APPLICATION AND PAYMENT**  
(All Fees are non-refundable and non-transferrable)

**Send by Email include attachments**

Email: [rcb.MIRTP@env.nm.gov](mailto:rcb.MIRTP@env.nm.gov)

**PAYMENT INSTRUCTIONS**

- You will receive an email confirming the receipt of the application within 4-6 business days, excluding state holidays or office closures.
- When your application has been processed, you will receive an email with a link to the payment portal.

**NOTE:** Payments cannot be made on the same day, make sure you entered a valid email address, and check your email spam and junk folder before contacting MIRTP if you didn't receive the link.

**SECTION 3 – FEES (All applications include a \$10.00 application fee)**

**Licensure Term – 2 years**

|              |                                     |   |           |       |
|--------------|-------------------------------------|---|-----------|-------|
| \$35.00      | 1 Original Certificate of Licensure |   | \$        | 35.00 |
| \$ 5.00      | Per each additional Certificate     | # | \$        |       |
| <b>TOTAL</b> |                                     |   | <b>\$</b> |       |

**SECTION 4 – SUPERVISOR INFORMATION REQUIRED!!**

Please list the individual who will be responsible for supervising you while performing the clinical exams in the modality that you are pursuing. This individual must attest to the approved national credentialing organization that all required clinical procedures have been completed **and must be** credentialed themselves in the pathway for the exam being performed.

|  |  |
|--|--|
| <b>NAME</b>                                      |  |
| <b>CREDENTIALS</b>                               |  |
| <b>NAME OF CLINIC SITE</b>                       |  |
| <b>CLINIC ADDRESS</b>                            |  |
| <b>DIRECT CLINIC PHONE NUMBER and CELL PHONE</b> |  |
| <b>BUSINESS EMAIL ADDRESS</b>                    |  |

**SECTION 5 -NATIONAL CREDENTIALING PATHWAY INFORMATION**

**List of National Credentialing Organizations**

| <b>Credentialing Organizations</b>                          | <b>Nonionizing Provisional Licensure</b> |
|---|--|
| American Registry for Diagnostic Medical Sonography (ARDMS) | Provisional Cardiac Sonography (PCS)     |
| American Registry of Radiologic Technologists (ARRT)        | Provisional General Sonography (PGS)     |
| American Registry of Magnetic Resonance Imaging (ARMRIT)    | Provisional Musculoskeletal (PMK)        |
| Cardiac Credentialing International (CCI)                   | Provisional Magnetic Resonance (PMR)     |
|   | Provisional Phlebology Sonography (PPS)  |
|   | Provisional Vascular Sonography (PVS)    |

**Ionizing Provisional Licensure**

New Mexico Provisional Computed Tomography (PCT) licensure applicants must be following a training pathway to become certified and registered by the ARRT and credentialed in Computed Tomography in at least one of the following active NM Medical Imaging and Radiation Therapy Licenses:

**Radiography | Nuclear Medicine | Radiation Therapy | Radiologist Assistant**

**SECTION 6 – ATTACHMENTS REQUIRED !!**

1. PDF image of one of the following official government issued certified and unexpired identification:
  - (a) Driver’s License, or (b) Passport
2. PDF image of all certifying and registering organization credentials used to acquire my current MIRT license(s). I will use the following links to obtain my most current credentialing information and attach to this submittal: [ARDMS \(Link\)](#), [ARMRIT \(Link\)](#), [CCI \(Link\)](#), [NMTCB \(Link\)](#), [ARRT \(Link\)](#) (credentialing information MUST include ID numbers)

**SECTION 7 – ATTESTATIONS  
(Initials REQUIRED to process the request)**

|  |  |
|--|--|
| <p><b>1.</b> I attest that I have read and understood the current version of <a href="#">20.3.20 NMAC (Link)</a> rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.</p>   |  |
| <p><b>2.</b> I attest that I am aware that Provisional licenses are only renewable one (1) time, and I must use the Provisional application upon renewal (a total of 4 years to complete the pathway. If you fail to pass the pathway, you will not be issued a license in the modality in the state of New Mexico.)</p>   |  |
| <p><b>3.</b> I agree to notify the MIRTP of any changes to my active status. Which may include, but is not limited to, any disciplinary actions or probationary status with any of the certifying and credentialing organizations used to renew my NM medical imaging or radiation therapy license(s).</p>   |  |
| <p><b>4.</b> 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 <a href="#">20.3.20 NMAC (Link)</a> rules and that all information provided is true to the best of my knowledge.</p> |  |

**FOR MIRTP OFFICE USE ONLY**

|                                 |  |
|---------------------------------|--|
| MIRTP Registration Number       |  |
| Provisional License Issued      |  |
| Duplicate Certificate Requested |  |
| Electronic Payment Due          |  |
| Postmark/Email/Date Rec’d       |  |