



Medical Imaging & Radiation Therapy Program (MIRTP)

PO Box 5469 Santa Fe, NM 87502-5469

Program Contacts: (505) 231-0171

Email: 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		List each Provisional Pathway you are Requesting	
ARRT ID NUMBER			
ARMRIT ID NUMBER			
CCI NUMBER			
NMTCB ID NUMBER			

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

525 Camino de los Marquez, Suite 1B - PO Box 5469, Santa Fe, New Mexico 87502-5469 | (505) 476-8600

www.env.nm.gov/rcb/medical-imaging-radiation-therapy-program/

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

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	#	\$	
TOTAL			\$	

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.

NAME	
CREDENTIALS	
NAME OF CLINIC SITE	
CLINIC ADDRESS	
DIRECT CLINIC PHONE NUMBER and CELL PHONE	
BUSINESS EMAIL ADDRESS	

SECTION 5 -NATIONAL CREDENTIALING PATHWAY INFORMATION

List of National Credentialing Organizations

Credentialing Organizations	Nonionizing Provisional Licensure
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 !!
<ol style="list-style-type: none"> 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)	
1. I attest that I have read and understood the current version of 20.3.20 NMAC (Link) rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.	
2. 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.)	
3. I agree to notify the MIRTTP 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).	
4. 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 20.3.20 NMAC (Link) rules and that all information provided is true to the best of my knowledge.	

FOR MIRTTP OFFICE USE ONLY	
MIRTTP Registration Number	
Provisional License Issued	
Duplicate Certificate Requested	
Electronic Payment Due	
Postmark/Email/Date Rec'd	