



Medical Imaging & Radiation Therapy Program
 P.O. Box 5469
 Santa Fe, NM 87502-5469
 Telephone (505) 476-8633
 stephen.sanchez@state.nm.us
<https://www.env.nm.gov/rcb/mirtp/>

Application Form for Initial Licensure for Medical Imaging or Radiation Therapy
 Dear Applicant: *The Medical Imaging and Radiation Therapy Program (MIRTP) is accepting electronic payments with the option to submit completed application packets electronically. Please see MIRTP web page for additional details. Please complete this form electronically. An application packet is considered complete when ALL boxes in Section 7 of this application form have been checked.*

Section 1 - General Information

Application Date:		Social Security Number:	
Name:			
Address:			
City:	State: Abbreviation	Zip Code:	
Home Phone:	Cell Phone:		
Email Address:			
Work Phone:	Birth Date:		

Section 2 - Active Credentialing Organization Information

ENTER ALL ID NUMBERS AND CREDENTIALS THAT ARE APPLICABLE TO YOU.

American Registry for Diagnostic Medical Sonography (ARDMS) ID Number:	ARDMS Credentials:
American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) ID Number:	ARMRIT Credentials:
American Registry of Radiologic Technologists (ARRT) ID Number:	ARRT Credentials:
Enter your Cardiovascular Credentialing International (CCI) ID Number:	CCI Credentials:
Enter your Nuclear Medicine Technologist Certification Board (NMTCB) ID Number:	NMTCB Credentials:

MIRTP OFFICE USE ONLY

MIRTP Registration number:	New coordinated expiration date:			
Payment Method: Electronic Payment:	Duplicate certificates requested:			
NM license(s) issued:				
Postmark date:	Check or Money Order Payment Information:			
	<table border="0"> <tr> <td>Check Date:</td> <td>Check Number:</td> <td>Check Amount:</td> </tr> </table>	Check Date:	Check Number:	Check Amount:
Check Date:	Check Number:	Check Amount:		

Section 3 – Licensure

Applicants will be issued one or more New Mexico medical imaging or radiation therapy license based on the applicant's credentialing status with at least one of the following medical imaging or radiation therapy credentialing organizations:

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| <ul style="list-style-type: none"> • ARDMS • ARRT • NMTCB | <ul style="list-style-type: none"> • ARMRIT • CCI |
|--|---|

Type of License	Required Credentialing Organization	Required Credentials
Cardiac Sonography (CS)	CCI	(RCS)(CCI)
Cardiac Sonography (CS)	CCI	(RCCS)(CCI)
Cardiac Sonography (CS)	ARDMS	(RDMS)(ARDMS)
General Sonography (DMS)	ARDMS	(AB)(ARDMS)
General Sonography (DMS)	ARDMS	(BR)(ARDMS)
General Sonography (DMS)	ARDMS	(OB/GYN)(ARDMS)
General Sonography (DMS)	ARRT	R.T.(S)(ARRT)
General Sonography (DMS)	ARRT	R.T.(BS)(ARRT)
Fusion Imaging (FUS) PET/CT only	NMTCB	(CNMT)(NMTCB) and (CT)(NMTCB)
Fusion Imaging (FUS) PET/CT only	ARRT	R.T.(N)(CT)(ARRT)
Fusion Imaging (FUS) PET/CT only	ARRT and NMTCB	R.T.(N)(ARRT) and (CT)(NMTCB)
Fusion Imaging (FUS) PET/CT only	ARRT and NMTCB	R.T.(R)(ARRT) and (PET)(NMTCB)
Limited Radiography (LXE)(LXT)(LXP)(LXV)	NONE	NONE
Musculoskeletal (MSK)	ARDMS	(RMSK)(ARDMS)
Magnetic Resonance (MRT)	ARMRIT	RMRT(ARMRIT)
Magnetic Resonance (MRT)	ARRT	R.T.(MR)(ARRT)
Nuclear Medicine (NMT)	ARRT	R.T.(N)(ARRT)
Nuclear Medicine (NMT)	NMTCB	(CNMT)(NMTCB)
Phlebology Sonography (PHS)	CCI	(RPhS)(CCI)
Registered Radiologist Assistant (RRA)	ARRT	R.R.A.(ARRT)
Radiography (RRT)	ARRT	R.T.(R)(ARRT)
Radiation Therapy (RTT)	ARRT	R.T.(T)(ARRT)
Vascular Sonography (VS)	ARDMS	(RVT)(ARDMS)
Vascular Sonography (VS)	ARRT	R.T.(VS)(ARRT)
Vascular Sonography (VS)	CCI	(RVS)(CCI)

Section 4 - Fee Schedule:

NM biennium licensure fee is \$110.00, which includes a \$10.00 application fee and the \$100.00 biennium fee. The minimum payment amount to submit with this application is \$110.00. Only one biennium fee is required, irrespective of the number of license types that the applicant is issued by the MIRTTP. The \$110.00 fee amount includes 1 original certificate of licensure.	Fee Amounts: \$ 110.00 Box 1
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NM rules state that original certificates of licensure must be displayed at each place of employment in NM prior to performing medical imaging or radiation therapy procedures. Copies from your original certificate of licensure do not meet this rule requirement. If you need more than 1 original certificate, enter the number of additional certificates you are requesting in Box 2.	Box 2
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Original certificates of licensure must be ordered from the MIRTTP. The cost for each additional original certificate of licensure is \$5.00. Please add \$5.00 for each additional certificate of licensure ordered and enter that total dollar amount in Box 3. If no additional certificates are requested place \$0.00 in Box 3. (For example: If you are requesting an additional 4 original certificates of licensure, the total amount you would enter in Box 3 is \$20.00).	Box 3
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<p>The total fee amount due will be the sum of Box 1 + Box 3.</p> (For Example: If you are requesting 4 additional original certificates, in addition to the 1 original certificate that is already included in Box 1, you would add the \$20.00 that you should have entered in Box 3 to the \$110.00 minimum fee amount that appears in Box 1, for a sum of \$130.00, which would be the total fee amount due and should be entered in Box 5. You will be sent a total of 5 original certificates, because one original certificate had already been included with the \$110.00 minimum fee amount due in Box 1.)	
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*******If you are paying fees electronically the total fee amount due will be calculated and appear in an invoice located on the Wells Fargo payment web page. Your email will serve as your login name when you visit the Wells Fargo online payment screen. After your application packet has been reviewed and approved by the MIRTTP, a link to the Wells Fargo payment web page will be sent to the email address that you entered in Section 1, please verify that it has been entered correctly and monitor your inbox. *******

Box 4

Section 5 - Payment Method			
Check this box if you are paying electronically:	<input type="checkbox"/>	DO NOT ENTER CREDIT CARD INFORMATION ON THIS APPLICATION.	
Check this box if you are paying by check or money order:	<input type="checkbox"/>	Checks and money orders MUST be payable to "NMED" only or they will NOT be accepted.	
Enter check or money order date:	<input type="text"/>	Enter check or money order number:	<input type="text"/>
Enter check or money order amount:	<input type="text"/>		

Section 6 – Coordination of your NM License Expiration Date to your birth month:	
Licenses issued prior to the 15 th of the issuing month will be for 24 months, begin on the date the license is issued and expires on the last day of the month the license was issued. Licenses issued after the 15 th of the month will be for 24 months, begin on the day the license is issued and expires on the last day of the month following the month the license was issued. You may request to have your NM license expire on your birth month, so that your license will expire on the last day of your birth month. This option will reduce this biennium period from 24 months to a one-time license term no less than 13 months or the birth month closest to the regular assigned biennium expiration date. Please note that such reduction in licensure term shall NOT reduce the biennium license fee.	
Please check this box if you select to change your NM License Expiration Date:	<input type="checkbox"/>

Section 7 - Applicant Acknowledgements and Complete Application Packet Check List	
Place a check mark next to each of the following items when completed:	
<p>1. A completed, signed, and dated application form. Please complete this form electronically and either submit a completed application packet electronically as an email attachment to stephen.sanchez@state.nm.us or by mail. Your certificate(s) of licensure will be mailed to the address in Section 1.</p> <p style="color: red;">If you submit your application packet by email, please make sure that you get a reply within 3 business days from the date you sent the email, confirming receipt of your application packet. If there is a problem with the application form or supporting document(s), I will contact you by email, stating what the problem is, and how it may be corrected, so that your request may be processed. Your email address will serve as your login when you visit the Wells Fargo online payment screen.</p> <p style="color: green;"><u>After your application packet has been reviewed and approved by the MIRTP, a link to the Wells Fargo payment web page will be sent to the email address that you entered in Section 1, please verify that it has been entered correctly and monitor your inbox.</u></p>	<input type="checkbox"/>
<p>2. A copy or scan of the front side of your Social Security Card, please do not copy or scan the back side of your social security card. Please copy or scan all the required supporting documents on one piece of paper, provided they all fit and are legible.</p>	<input type="checkbox"/>
<p>3. A copy or scan of the front side of your current ARDMS, ARMRT, ARRT, CCI and/or your current NMTCB wallet card, send a copy of each wallet card that is applicable to you. Please do not copy the back side of the wallet cards. Please copy or scan all the required supporting documents on one piece of paper, provided they all fit and are legible.</p>	<input type="checkbox"/>

**Section 7 - Applicant Acknowledgements and Complete Application Packet
Check List (Continued from Page 3)**

Place a check mark next to each of the following items when completed:

4. A copy or scan of a valid official government issued photo identification card, such as your driver's license, which does not have to be a New Mexico driver's license. Please do not copy the back side of the official government issued photo ID.	
5. Application packets that are submitted electronically must be paid electronically. If application packets are mailed, fees may be paid electronically (make sure you have selected this option in Section 5), by check, or by money order. Checks and money orders must be payable to "NMED" only. Fees submitted are non-refundable and non-transferrable.	
6. Send completed application packets to: NMED-RCB-MIRTP, ATTENTION: Stephen Sanchez, P.O. Box 5469, Santa Fe, NM 87502-5469. <u>Please do not staple application form and do not tape checks or money orders to this application form.</u> The MIRTP encourages all applicants to submit your completed application packet and pay all fees electronically.	
7. I am aware that I must remain active and in good standing with all the credentialing organizations that were used to obtain my NM medical imaging or radiation therapy license or licenses. I agree to notify the MIRTP with any changes to my active status, which may include any disciplinary actions or probationary status, in any of the credentialing organizations used to apply for a NM medical imaging or radiation therapy license.	

The MIRTP will not process your request if any of the boxes listed in Section 7 are NOT checked. Your application form must be SIGNED (typed signatures will not be accepted). **Digital Signatures are acceptable.**

Section 8 – Signature and Date

I hereby certify that I am in compliance with all applicable judgments and orders for child support and I am in compliance with all applicable subpoenas or warrants related to paternity or child support proceedings and all other 20.3.20 NMAC rules, and that all information provided is true to the best of my knowledge.

SIGN HERE:

Date: