



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 Written Verification of NM Licensure

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 5 of this application form have been checked.***

This form is to be used when you are requesting verification and other information, positive or negative, which reflects the status of your current or past New Mexico medical imaging or radiation therapy licensure state.

Some States or Entities require this as part of their own licensure process and some potential employers as part of their employment procedures. Please check with the State(s) that you are requesting written verification to see if they have their own form that needs to be completed by the MIRTP. If you are requesting written verification for another entity, person, or state that does not have a form, please make sure that you complete Section 4 of this application.

Section 1 - General Information					
Application Date:		Social Security Number:			
Name:					
Address:					
City:		State: Abbreviation		Zip Code:	
Cell Phone:		Work Phone:			
Email Address:					
Home Phone:		Birth Date:			

MIRTP OFFICE USE ONLY	
MIRTP Registration number:	
Payment Method: Electronic Payment:	
Postmark date:	Check or Money Order Payment Information Check Date: Check Number: Check Amount:

Section 2 - Fee Schedule:

NM written verification fees include a \$10.00 application fee and \$10.00 for each state or entity that you are requesting written verification. The minimum payment amount due is \$20.00. The \$20.00 minimum fee amount includes 1 written verification, which may be the completion of 1 state form that is completed by the MIRTP or 1 letter of verification from the MIRTP.	Fee Amounts: \$ 20.00 Box 1
If you need more than 1 written verification, enter the number of additional written verifications that you may need. (For example, if you are requesting a copy of either the completed state verification form or the verification letter from that has been completed by the MIRTP, a verification form for the State of Texas, a verification form for the State of Washington, and a verification form for the state of Nevada you will need to place a 3 in box 2, because 1 verification is already included in the \$20.00 minimum fee amount. If you need verification form completed for the State of Texas, the State of Washington the State of Florida, the State of Nevada, and for the State of Tennessee you would place a 3 in box 2, because 1 verification is already included in the \$20.00 minimum fee amount.)	Box 2
Additional verifications are \$10.00 each. Please add \$10.00 for each additional verification (please remember that 1 verification has already been included in the \$20.00 minimum fee amount) and enter the dollar amount in Box 3. If no additional verifications are requested place \$0.00 in Box 3. (For example: If you are requesting 3 verification in addition to the 1 verification that is already included in the \$20.00 minimum fee amount, the total dollar amount you would enter in Box 3 is \$30.00).	Box 3
<p>The total fee amount due will be the sum of Box 1 + Box 3. (For Example: If you are requesting 3 additional verifications, in addition to the 1 verification that is already included in Box 1, you would add the \$30.00 that you should have entered in Box 3 to the \$20.00 minimum fee amount that appears in Box 1, for a sum of \$50.00, which would be the total fee amount due, and is the amount that should be entered in Box 4. In most cases you will only be requesting 1 verification at a time, so the minimum \$20.00 payment will more than likely be the total fee amount due, which would be entered in Box 4.</p> <p>***** 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. <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>	Box 4

Section 3 - Payment Method

Check this box if you are paying electronically:		DO NOT ENTER CREDIT CARD INFORMATION ON THIS APPLICATION.
Check this box if you are paying by check or money order:		Checks and money orders MUST be payable to "NMED" only or they will NOT be accepted.
Enter check or money order date:		Enter check or money order number:
Enter check or money order amount:		

Section 4 – Person or Entities Address Information

If you are requesting verification for a state, person, or entity that does not have their own verification form, please provide the following information to the MIRTP.

Entity or Person’s Name:					
Attention:					
Address:					
City:		State: Abbreviation		Zip Code:	

Section 5 - Applicant Acknowledgements and Complete Application Packet Check List

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

<p>1. I, herby authorize the MIRTP to disclose information pertaining to any of my New Mexico medical imaging or radiation therapy license, whether it be favorable or unfavorable to the applicant. This may include, but is not limited, to documents, records, charges or complaints, and any other derogatory information, against my license; formal, informal, pending, closed, or any other pertinent information.</p>	
<p>2. 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.</p> <p style="color: red; font-weight: bold;">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. <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>	
<p>3. I have included any State verification forms, and I have completed any parts in those forms that are required by the applicant to complete. If you are submitting electronically, the State forms must be included with your application packet. If the State or other entity does not have their own verification form, you must complete Section 4 of this form, which is the information needed by the MIRTP to compose and send a letter of verification.</p>	
<p>4. 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 3), by check, or by money order. Checks and money orders must be payable to “NMED” only. Fees submitted are non-refundable and non-transferrable.</p>	
<p>5. Send completed application packets to: NMED-MIRTP, ATTENTION: Stephen Sanchez, P.O. Box 5469, Santa Fe, NM 87502-5469. Please do not staple application form and do not tape checks or money orders to this application form.</p> <p style="color: red; font-weight: bold;">The MIRTP encourages all applicants to submit your completed application packet and pay all fees electronically.</p>	

*The MIRTP will not process your request if any of the boxes listed in Section 5 are **NOT** checked or if the correct fee amount is not included within your application packet. Your application form must be **SIGNED** (typed signatures will not be accepted).*

Section 6 – Signature and Date

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 rules, and that all information provided is true to the best of my knowledge.

SIGN HERE:

DATE: