



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

### Application Form for Initial Licensure for Medical Imaging or Radiation Therapy

Dear Applicant: Processing time is typically within two (2) business days after a completed application packet has been received by the Medical Imaging and Radiation Therapy Program (MIRTP). An application packet is considered complete when all red boarded boxes/fields in this application form have been filled and signed, by the applicant.

<b>Section 1 - General Information</b>		
Social Security Number:	Application Date:	
Name:		
Address:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Email Address:		
Birth Date:		

<b>Section 2 - Active Credentialing Organization Information (Enter all ID Numbers applicable to you.)</b>	
Enter your American Registry for Diagnostic Medical Sonography (ARDMS) ID Number:	
Enter your American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) ID Number:	
Enter your American Registry of Radiologic Technologists (ARRT) ID Number:	
Enter your Cardiovascular Credentialing International (CCI) ID Number:	
Enter your Nuclear Medicine Technologist Certification Board (NMTCB) ID Number:	

<b>MIRTP OFFICE USE ONLY</b>							
Check or Money Order Date:		Check or Money Order Number:		Check or Money Order Amount:		Post Mark Date:	
MIRTP Assigned Registrant Number:		Duplicate Certificates Requested:		MIRTP Date Received Stamp:			

### 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:

- American Registry for Diagnostic Medical Sonography (ARDMS)
- American Registry of Magnetic Resonance Imaging Technologists (ARMRIT)
- American Registry of Radiologic Technologists (ARRT)
- Cardiovascular Credentialing International (CCI)
- The Nuclear Medicine Technologist Certification Board (NMTCB)

Type of License	Required Credentialing Organization	Required Credentials
Cardiac Sonography (CS)	CCI	(RCS)(CCI)
Cardiac Sonography (CS)	CCI	(RCCS)(CCI)
Cardiac Sonography (CS)	ARDMS	(RDCS)(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	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	ARDMS	(RVT)(ARDMS)
Vascular Sonography	ARRT	R.T.(VS)(ARRT)
Vascular Sonography	CCI	(RVS)(CCI)

### Section 4 - Fee Schedule:

<p>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 certificate of licensure.</p>	Fee Amounts:
	<b>\$ 110.00</b>
<p>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 procedure. Copies from your original certificate of licensure do not meet this rule requirement. Original certificates of licensure must be ordered from the MIRTTP and the cost for each additional original certificate of licensure is \$5.00. (For example: If you are requesting an additional 3 original certificates of licensure the total amount you would place in the box to the right is \$15.00.) Please add \$5.00 for each additional certificate of licensure that is requested and enter that total amount in this box. If no additional certificates are requested place \$0.00 in this box.</p>	
<p>The total fee amount due will be the sum of the \$110.00 minimum fee amount due and the total cost of additional certificate requested. (For Example: If you are requesting 3 additional certificates, you would add \$15.00 to \$110.00 for a sum of \$125.00.) Please enter the total fee amount that you are including with this application in the next box.</p>	

<b>Section 5 – Payment information:</b>	
Please enter the check or money order amount you are submitting:	
Please enter the check or money order number that you are submitting:	
Please enter the check or money order date that you are submitting:	
<b>PLEASE DO NOT STAPLE OR TAPE CHECKS TO THIS APPLICATION FOR OR ANY OTHER SUPPORTING DOCUMENT PAGES THAT ARE SUBMITTED.</b>	

<b>Section 6 – Coordination of NM License and National Credentialing Organization Expiration Date:</b>	
Licenses issued prior to the 15 <sup>th</sup> 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 <sup>th</sup> 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. The applicant may request for coordination of their NM license expiration date with their national credentialing organization expiration or valid thru date by agreeing to reduce NM biennium period so that their NM expiration date will be reduced to the last day of the month of their national credentialing organizations expiration or valid thru date closest to their current NM biennium expiration date. Please note that such reduction in licensure term shall NOT reduce the applicant or licensee’s license fee.	
Please check this box if you select to coordinate your NM License Expiration Date with your National Expiration Date:	

<b>Section 7 - Required Supporting Documents and Applicant Acknowledgements Check List</b>	
<b>Place a check mark next to each of the following items when completed:</b>	
1. A completed and signed application form.	
2. A copy of the front side of your Social Security Card.	
3. A copy 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.	
4. A copy of an official government issued photo identification card, such as your driver’s license, which does not have to be a New Mexico driver’s license; military ID; or a copy of your passport. Please do not send in photos that are used to obtain a passport.	
5. A check or money order payable to “ <b>NMED</b> ” for the appropriate total fee amount. If you are unsure of the correct fee amount to submit, please call (505) 476-8633 for assistance with this matter.	
6. Send the completed application packet to: <b>NMED-MIRTP, P.O. Box 5469, Santa Fe, NM 87502-5469.</b>	
7. I am aware that I must complete and accumulate a minimum of 24 “Category A” continuing education credits during each biennium period before I am able to renew my NM license.	
8. 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 or if any of the required supporting documents or the correct fee amount is not included within your application packet. Your application form must be SIGNED (typed signatures will not be accepted).***

<b>Section 8 - Signature</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 20.3.20 NMAC rules, and that all information provided is true to the best of my knowledge.	
SIGN HERE:	