



Medical Imaging & Radiation Therapy Program
P.O. Box 5469
Santa Fe, NM 87502-5469
Telephone (505) 476-8633
stephen.sanchez@state.nm.us
New Mexico Environment Department

Application Form for Initial Licensure for Medical Imaging or Radiation Therapy

Dear Applicant: *The Medical Imaging and Radiation Therapy Program (MIRTP) strongly encourages every application packet be submitted by email to stephen.sanchez@state.nm.us and all fees paid electronically.*

Please type all required application fields and check all required check boxes that pertain to you. If you are unable to type any of the required application fields or the automated check boxes do not display the checkmark, you may print the application form and MANUALLY complete those application fields, by legibly writing in your responses or by manually placing a large "X" inside the check boxes that you select or that are required to be checked. Your certificate(s) of licensure will be mailed to the address in Section 1.

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 Registering and Certifying 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:

THE REMAINDER OF THE PAGE IS FOR MIRTP OFFICE USE ONLY – the MIRTP will complete the remainder of this page.

MIRTP Registration number:	New coordinated expiration date:
Electronic Payment amount due:	Duplicate certificates requested:
NM license(s) issued:	
Postmark or emailed date:	Check or Money Order Payment Information:
	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:

- | | |
|--|---|
| <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	RMRIT(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:

<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 for this application is \$110.00. Only 1 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.</p>	Fee Amounts:
	\$ 110.00
<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 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. Do not include the 1 certificate included with the biennium licensure fee.</p>	Box 2
<p>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).</p>	Box 3
<p>The total fee amount due will be the sum of Box 1 + Box 3.</p> <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 example amount of \$20.00 that was to be used in this example to be 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 for this example and should be entered in Box 4. You will be sent a total of 5 original certificates, because one original certificate has already been included with the \$110.00 minimum fee amount due in Box 1).</p> <p>***** <u>After your application packet has been reviewed and approved by the MIRTTP, an invoice will be created, an email will be sent to the email address listed in Section 1 (that email address will be your Login ID). Please make sure it was entered correctly in Section 1, and please monitor your inbox and junk mail folders regularly.</u> *****</p>	
<p>If you would like to know more about how to pay your fees electronically please, click here.</p>	
Box 4	

Section 5 - 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", if not they will be returned.	
Enter check or money order date:		Enter check or money order number:	
Enter check or money order amount:			

Section 6 – Coordination of your NM License Expiration Date to your birth month:
<p>Licenses issued prior to the 15th 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 15th 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. If the following box is checked and your expiration month is changed to your birth month, you will not be able to revert the expiration month back to the month in which it would have been assigned, if this optional change was not selected.</p>
<p>Please check this box if you select to change your NM License Expiration Date:</p>

Section 7 - Applicant Acknowledgements and Complete Application Packet Check List	
A check mark must appear in each of the following items:	
<p>1. By checking the following box, I am aware that the MIRTP strongly encourages that every complete application packet be submitted by email. Completed application packets may still be sent by regular mail but may take longer to be processed. Fees that are paid by checks or money orders that were included with application packets that were sent by regular mail, may be deposited much earlier than the submitted application packet has been reviewed or processed. Deposited checks or money orders are not an indicator that application packets that have been sent by regular mail have been reviewed or processed. Checks and money orders that are received by regular mail will be deposited according to NM rules pertaining to the receipt of check or money order payments.</p> <p>Notice to All Applicants: <i>If you are unable to type any of the required information or check any of the required boxes you may print the application form and MANUALLY complete those parts of the application form that you are not able type or if the automated check marks do not appear in any of the required check boxes.</i></p> <p>If you submit your application packet by email, please make sure that you get a reply within 4 business days, excluding weekends and holidays, from the date you sent the email, confirming receipt of your application packet. After your application packet has been reviewed and approved by the MIRTP, a link to the 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 and junk mail folder.</p>	
<p>2. By checking the following box, I attest that I have read and understood the current version of 20.3.20 NMAC, the rules that pertain NM medical imaging or radiation therapy licensure. These rules are located on the New Mexico Environment Department web site at https://www.env.nm.gov .</p>	

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

A check mark must appear in each of the following items:

- | | |
|--|--|
| <p>3. By checking the following box, I attest that I will send a scan or picture of the front side of my Social Security Card. If you do not have a scanner but have a smart phone you may take a picture of only the front side the card. If you are sending a picture, please make sure the it is legible. Please do not scan or take a picture of the back side of your social security card.</p> | |
| <p>4. By checking the following box, I attest that I will send a scan or picture of a valid official government issued photo identification card, such as my current driver's license, which does not have to be a current New Mexico driver's license. Please do not scan or send a picture of the back side of the official government issued photo ID.</p> | |
| <p>5. By checking the following box, I attest that I will send a scan or a picture of the front side of my current ARDMS, ARMRIT, ARRT, CCI and/or my current NMTCB wallet card; or, a scan or picture of my current credentials page from the verification section of all the approved MIRTTP recognized registering and certifying credentialing organization's web site, which pertain to me.</p> | |
| <p>6. By checking the following box, I am aware that application packets that are submitted by email, must be paid electronically. If application packets are sent by regular mail, fees may be paid electronically; however, please make sure the box in Section 5, which indicates that you have selected this option is checked. All fees paid by check or by money order must be made payable to "NMED", if not, they will be returned. Fees submitted are non-refundable and non-transferrable.</p> | |
| <p>7. By checking the following box, I am aware that sending a completed application packet by regular mail is <i>strongly discouraged</i>; however, if I absolutely need to submit a completed application packet by regular mail, I will send it to: NMED-RCB-MIRTTP, 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>The MIRTTP encourages all applicants to submit completed application packets by email and pay your fees electronically.</p> | |
| <p>8. By checking the following box, I am aware that I must remain active and in good standing with all the MIRTTP recognized registering and certifying credentialing organizations that will be used to meet NM medical imaging or radiation therapy licensure requirements and will also satisfy all of my NM continuing education requirements, when it is time for me to renew my NM medical imaging or radiation therapy license(s). I agree to notify the MIRTTP with any changes to my active status, which may include, but is not limited to any disciplinary actions or probationary status, of any of the MIRTTP recognized registering and certifying credentialing organizations used to obtain my NM medical imaging or radiation therapy license(s). I am aware that I must have an active and original certificate of licensure at each place of employment in NM, prior to performing any medical imaging or radiation therapy procedures.</p> | |
| <p>9. By checking the following box, 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.</p> | |

The MIRTTP will not process your request if any of the boxes listed in Section 7 are NOT checked. If you are unable to type any of the required information or check any of the required boxes you may print the application form and MANUALLY complete those parts of the application form that you are not able type or if the automated check marks do not appear in any of the required check boxes.