



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 Temporary 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.

The purpose of a temporary license is to allow an individual who has completed an approved medical imaging or radiation therapy program pursuant to 20.3.20 NMAC to practice medical imaging or radiation therapy for up to a 1 year while waiting to take or awaiting results of their national examinations to becoming registered and certified with one of the MIRTP approved registering and certifying credentialing organizations credentialing organizations outlined in 20.3.20 NMAC.

A temporary license is **ONLY** for individuals who have completed an approved medical imaging or radiation therapy program and must be applied for within one year of the MIRTP approved medical imaging or radiation therapy approved program completion date. A temporary license is **NOT** available to individuals who are currently active and in good standing with any of the MIRTP recognized registering and certifying credentialing organizations, such as the ARRT or NMTCB. A temporary license is **NOT** for individuals who are on a temporary medical imaging or radiation therapy employment assignment.

Section 1 - General Information

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

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

MIRTP Registration number:		Duplicate certificates requested:	
Current license expiration date:		Electronic Payment amount due:	
Postmark or emailed date:	Check or Money Order Payment Information Check Date: Check Number: Check Amount:		

Section 2 – MIRTP Recognized and Approved Medical Imaging or Radiation Therapy Educational Program Information
Program Name:
Type of Medical Imaging or Radiation Therapy Program:
Program Director's Name:
Program Director's Email:
Program Director's Telephone Number:
Program Completion Date:

Section 3 - Fee Schedule:	
NM temporary licensure fee is \$60.00, which includes a \$10.00 application fee and the \$50.00 temporary license fee. The minimum payment amount for this application is \$60.00. The \$60.00 fee amount includes 1 original certificate of licensure.	Fee Amounts: \$ 60.00 Box 1
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 temporary fee amount.	Box 2
Original certificates of licensure must be ordered from the MIRTP. The cost for each additional original certificate of licensure is \$5.00. Add \$5.00 for each additional certificate of licensure 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 example fee amount you would enter in Box 3 is \$20.00).	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 \$60.00 minimum fee amount that appears in Box 1, for a sum of \$80.00, which would be the total example 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 \$60.00 minimum fee amount due in Box 1).</p> <p>***** <u>After your application packet has been reviewed and approved by the MIRTP, 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 4 - 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 5 - 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: 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.</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>	
<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 make sure the it is legible. Please do not scan or take a picture of the back side of your social security card.</p>	

Section 5 - Applicant Acknowledgements and Complete Application Packet Check List (Continued from Page 3)

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

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. The name on the certificate of licensure will match the spelling on the official photo ID.	
5. By checking the following box, I attest that I will send a scan or picture of either my diploma, an official or unofficial transcript that states "the type of degree awarded" and "the date my degree was awarded", or a letter from the program director of the MIRTP approved medical imaging or radiation therapy education program (this letter must be on official letterhead and contain the program completion date and program director's signature and date).	
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 4, 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.	
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-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.	
The MIRTP encourages all applicants to submit completed application packet by email and pay your fees electronically.	
8. By checking the following box, I attest that I will notify the MIRTP by email, any assigned testing windows, which must include the testing window dates and name of the MIRTP recognized registering and certifying credentialing organizations, and the type of exam that I will be taking. I attest that I have verified that the type of exam that I will be taking by one of the MIRTP approved registering and certifying credentialing organizations, will meet the required registering and certification requirements of one of the medical imaging or radiation therapy licenses offered by the MIRTP.	
9. By checking the following box, I attest that I will notify the MIRTP by email if I failed my examination attempt of the medical imaging or radiation therapy examination within 30 days from the date listed on the official notice of my examination result from that MIRTP approved registering and certifying credentialing organizations registering and certifying organization.	
10. By checking the following box, I am aware the NM temporary licenses are non-renewable, may not be extended, and may be revoked 90 days from the official notice of examination failure.	
11. 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.	

The MIRTP will not process your request if any of the boxes listed in Section 5 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.