



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 Written Verification of NM Licensure

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.**

This form is to be used when requesting written verification of an active or inactive New Mexico medical imaging or radiation therapy licensee.

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:			

THE REMAINDER OF THE PAGE IS FOR MIRTP OFFICE USE ONLY – the MIRTP will complete the remainder of this page.		
MIRTP Registration number:		
Electronic Payment amount due:		
Postmark or emailed date:	Check or Money Order Payment Information	
	Check Date:	Check Number: Check Amount:

Section 2 - Fee Schedule:

<p>NM medical imaging and radiation therapy written verification fee is \$20.00, which includes a \$10.00 application fee and a \$10.00 written verification fee. The minimum payment amount due is \$20.00. Most applicants will only be requesting 1 written verification that will result in a fee total of \$20.00. The \$20.00 minimum fee amount includes 1 written verification fee.</p>	<p>Fee Amounts:</p> <p style="font-size: 1.2em;">\$20.00</p> <p>Box 1.</p>
<p>If you need more than 1 written verification, enter the number of additional written verifications you are requesting in Box 2. Do not count the 1 written verification that has already been included in Box 1.</p>	<p>Box 2.</p>
<p>The cost for each additional written verification fee is \$10.00. Please add \$10.00 for each additional written verification ordered and enter that total dollar amount in Box 3. If no additional written verifications are requested place \$0.00 in Box 3. (For example: If you are requesting 3 additional written verifications in this example, the total example amount you would enter in Box 3 is \$30.00).</p>	<p>Box 3</p>
<p>The total fee amount due will be the sum of Box 1 + Box 3.</p> <p>(For Example: If you are requesting 3 additional written verifications, in addition to the 1 written verification that is already included in Box 1, you would add the example amount of \$30.00 that was to be used in this example and 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 for this example and entered in Box 4. A total of 4 written verifications will be prepared and sent to the states or entities requesting a verification of a NM licensee's license, because 1 written verification fee has already been included with the \$20.00 minimum fee amount due in Box 1). Enter the total fee amount due in box 4.</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>Box 4</p>
<p>If you would like to know more about how to pay your fees electronically please, click here.</p>	

Section 3 - Payment Method

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

Section 4 – Person or Entities Address Information

Most States that require written verification as part of their medical imaging or radiation therapy licensure application process will have their own required verification form. Most of those State’s written verification form will have a portion of their form that must be completed by you, and the remainder of their verification form will be completed by the MIRPT, and then mailed to the address listed on that State’s required verification form. However, if you are requesting written verification for someone other than a State that has their own required verification form, please provide the following information to the MIRTP. The MIRTP will compose a verification letter for the entity or person that is requesting written verification of your active or inactive NM medical imaging or radiation therapy license and will mail it to the address that you enter below. If you need to submit more than one entity, business, or person’s information, included them on a separate sheet of paper and include it with this application packet.

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

Section 5 - Applicant Acknowledgements and Complete Application Packet Check List

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

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.

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.*

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.

**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:

2. 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 3, 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.

3. **By checking the following box, I am aware that sending a completed application packet by regular mail is *strongly discouraged*;** 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.

4. By checking the following box I attest that I have included a scan or picture of that State’s required written verification form, and that I have completed any section(s) that require me to complete prior to including it with my application packet, provided that that State has such a required written verification form as part of their medical imaging or radiation therapy licensure process. If the State or other entity that I am requesting written verification does not have their own required written verification form, I attest that I have attached an additional sheet of paper that contains the information requested in section 4 of this form, which is the information needed by the MIRTP to compose and send the written verification letter to more than 1 entity or individual

5. By checking the following box, I attest that I have remained active and in good standing with all the MIRTP approved registering and certifying credentialing organizations that were used to obtain my NM medical imaging or radiation therapy license(s).

6. By checking the following box, I hereby authorize the MIRTP to disclose information pertaining to any of my New Mexico medical imaging or radiation therapy license(s), whether it be favorable or unfavorable. This may include, but is not limited, to documents, records, charges or complaints, and any other derogatory information, against my NM medical imaging or radiation therapy license; formal, informal, pending, closed, or any other pertinent information.

7. 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.