



**Medical Imaging & Radiation Therapy Program (MIRTP)**  
PO Box 5469 Santa Fe, NM 87502-5469  
Program Contacts: (505) 280-2790 | (505) 699-2027 | (505) 629-9761  
Email: [rcb.MIRTP@env.nm.gov](mailto:rcb.MIRTP@env.nm.gov)  
LINK: [NMAC 20.3.20 - MIRTAC APPROVED RULES AND REGULATIONS](#)

*Rules are subject to change as determined by the Annual MIRTAC meeting held every December*

### Temporary Ionizing License Application

Please type all required fields. This form may be printed and completed manually by legibly writing in your responses. Your original certificate(s) of licensure will be mailed to the address entered in Section 1.

**Only apply for a New Mexico Temporary Ionizing License if you have completed an approved Medical Imaging or Radiation Therapy Program within a year of the date of completion.**

**The Temporary Ionizing License is not available to individuals who are currently certified and registered by the ARRT or NMTCB in radiography, or nuclear medicine or are registered Radiologist Assistants. This license is also not available if you are on a temporary employment assignment.**

#### SECTION 1 – PERSONAL INFORMATION

DATE	
LAST 4 OF SSN	
DATE OF BIRTH	
NAME	
ADDRESS	
CITY   STATE   ZIP	
PHONE – PERSONAL	
EMAIL ADDRESS	
WORK PHONE	

#### INSTRUCTIONS FOR SUBMITTING APPLICATION AND PAYMENT

(All Fees are non-refundable and non-transferrable)

PREFERRED	NON-PREFERRED – MAIL-IN or WALK-IN
Email: <a href="mailto:rcb.MIRTP@env.nm.gov">rcb.MIRTP@env.nm.gov</a>	NMED-RCB-MIRTP
<b>PAYMENT INSTRUCTIONS</b>	PO BOX 5469, Santa Fe, NM 87502-5469
<ul style="list-style-type: none"><li>You will receive an email confirmation within 4-6 business days, excluding state holidays or closures.</li><li>Upon approval of the application, you will receive an email with a link to the payment portal.</li></ul> <p><b>NOTE:</b> Payments cannot be made on the same day, make sure you entered a valid email address, and check your email spam and junk folder before contacting for non-receipt.</p>	<p>Checks or money orders must be made payable to NMED. Do not staple or tape check to form.</p> <p>Appointments for walk-in applicants are required. Must have a completed application packet and payment in the form of a check or money order payable to NMED.</p>

SECTION 2 – FEES Licensure Term – 1 year			
\$ 60.00	1 Original Certificate of Licensure	\$	60.00
\$ 5.00	Per each additional Certificate	#	\$
<b>TOTAL</b>		<b>\$</b>	

SECTION 4 – EDUCATIONAL PROGRAM INFORMATION	
Must be recognized by MIRTP as an approved Medical Imaging or Radiation Therapy Program	
<b>EDUCATIONAL PROGRAM NAME</b>	
<b>PROGRAM COMPLETION DATE</b>	
<b>PROGRAM DIRECTOR'S NAME</b>	
<b>PROGRAM DIRECTOR'S EMAIL</b>	
<b>DIRECT PHONE NUMBER</b>	

SECTION 3 – ATTACHMENTS REQUIRED
<ol style="list-style-type: none"> <li>1. PDF image of the front side of Social Security card.</li> <li>2. PDF image of one of the following official government issued certified and unexpired identification: (a) Driver's License, or (b) Passport</li> <li>3. PDF image of my diploma or official/unofficial transcripts that indicate the "type" of degree awarded and the date the degree was awarded, <b>OR</b> an official signed letter from the Program Director of the MIRTP approved Program, containing the program completion date and degree awarded.</li> </ol>

SECTION 4 – ATTESTATIONS (Initials REQUIRED to process the request)	
1. I attest that I have read and understood the current version of <a href="#">20.3.20 NMAC (Link)</a> rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.	
2. I attest that I am aware the New Mexico temporary license(s) is non-renewable, extendable and can be revoked 90 days from the official notice of examination failure. Reference <a href="#">20.3.20 NMAC (Link)</a>	
3. 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 <a href="#">20.3.20 NMAC (Link)</a> rules and that all information provided is true to the best of my knowledge.	

FOR MIRTP OFFICE USE ONLY	
MIRTP Registration Number	
Program Completion Date	
Duplicate Certificate Requested	
Electronic Payment Due	
Postmark/Email/Date Rec'd	