



**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*

### Request for Written Verification Application

Please type all required fields. This form may be printed and completed manually by legibly writing in your responses. This form will be used to verify your current and/or inactive New Mexico Medical Imaging or Radiation Therapy license(s). All states and MIRT entities will be contacted for verification during this process.

**Must attach a verification form for each state and/or entity you are requesting verification for.**

#### 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
PAYMENT INSTRUCTIONS	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>	Checks or money orders must be made payable to NMED. Do not staple or tape check to form.
	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.

SECTION 2 – FEES				
\$ 20.00	Application Fee		\$	20.00
\$ 10.00	Per each additional verification(s)	#	\$	
<b>TOTAL</b>			<b>\$</b>	

SECTION 3 – Each State and/or Entity Must be Identified	
MUST FILL OUT THE STATE AND OR ENTITY INFORMATION	
State or Entity Name	
Attention (to whom):	
Address	
City   State   Zip	

MUST FILL OUT THE STATE AND OR ENTITY INFORMATION	
State or Entity Name	
Attention (to whom):	
Address	
City   State   Zip	

MUST FILL OUT THE STATE AND OR ENTITY INFORMATION	
State or Entity Name	
Attention (to whom):	
Address	
City   State   Zip	

MUST FILL OUT THE STATE AND OR ENTITY INFORMATION	
State or Entity Name	
Attention (to whom):	
Address	
City   State   Zip	

SECTION 4 – ATTESTATIONS (Initials REQUIRED to process the request)	
1. I attest that I have included all verification forms from all states and/or entities requesting verification of my New Mexico Medical Imaging and Radiation Therapy license(s) which may be active or inactive.	
2. By entering my initials, I authorize the New Mexico Medical Imaging and Radiation Therapy Program to disclose all information pertaining to all my MIRT licenses, whether it be favorable or unfavorable. This may include, but is not limited to; documents, records, charges, or complaints including any formal, informal, pending, closed, or other derogatory information against my NM MIRT license.	

FOR MIRTTP OFFICE USE ONLY	
MIRTTP Registration Number	
Electronic Payment Due	
Postmark/Email/Date Rec'd	