



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

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

Initial 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.

Licenses are issued for a 2-year (24-month) term.

If you are a Nurse or Doctor or work at a VA Hospital DO NOT APPLY – You are not required to get a license!

SECTION 1 – PERSONAL INFORMATION

DATE	
NAME	
ADDRESS	
CITY STATE ZIP	
PHONE – PERSONAL	
WORK PHONE	
EMAIL ADDRESS	

**SECTION 2 - ACTIVE CERTIFICATIONS APPLYING FOR
 CREDENTIALS MUST BE ATTACHED AND SENT WITH APPLICATION**

ARDMS ID NUMBER	
ARRT ID NUMBER	
ARMRIT ID NUMBER	
CCI NUMBER	
NMTCB ID NUMBER	

**INSTRUCTIONS FOR SUBMITTING APPLICATION AND PAYMENT
 (All Fees are non-refundable and non-transferrable)**

PREFERRED - Send by Email include attachments	NON-PREFERRED – MAIL-IN or WALK-IN
Email: rcb.MIRTP@env.nm.gov	NMED-RCB-MIRTP
PAYMENT INSTRUCTIONS	PO BOX 5469, Santa Fe, NM 87502-5469
<ul style="list-style-type: none"> You will receive an email confirmation within 4-6 business days, excluding state holidays or closures. Upon application approval, you will receive an email with a link to the payment portal. 	Checks or money orders must be made payable to NMED. Do not staple or tape check to form.
NOTE: 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.	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 3 – FEES (All applications include a \$10.00 application fee)			
\$110.00	1 Original Certificate of Licensure	\$	110.00
\$ 5.00	Per each additional Certificate	#	\$
\$ 25.00	*Reinstatement fee- NM license expired less more 1 year	\$	
TOTAL		\$	
Fees are determined bi-annually regardless of how many license types are issued by the MIRTP			
*NOTE: The \$25.00 reinstatement fee will be automatically added if the license expires and the fee is not included above.			

SECTION 4 – ATTACHMENTS REQUIRED
<ol style="list-style-type: none"> PDF image of one of the following official government issued certified and unexpired identification: <ol style="list-style-type: none"> Driver’s License, or Passport. PDF image of all certifying and registering organization credentials used to acquire my current MIRT license(s). I will use the following links to obtain my most current credentialing information and attach to this submittal: ARDMS (Link), ARMRIT (Link), CCI (Link), NMTCB (Link), ARRT (Link) (credentialing information MUST include ID numbers)

SECTION 5 – ATTESTATIONS (Initials REQUIRED to process the request)	
1. I attest that I have read and understood the current version of 20.3.20 NMAC (Link) rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.	
2. I agree to notify the MIRTP of any changes to my active status. Which may include, but is not limited to, any disciplinary actions or probationary status with any of the certifying and credentialing organizations used to renew my NM medical imaging or radiation therapy license(s).	
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 20.3.20 NMAC (Link) rules and that all information provided is true to the best of my knowledge.	

FOR MIRTP OFFICE USE ONLY	
MIRTP Registration Number	
License(s) Issued	
Duplicate Certificate Requested	
Electronic Payment Due	
Postmark/Email/Date Rec’d	
Certificate Registration Number	

License Description	Reference - Type of License		
	License	Required Credentialing Organization	Required Credentials
Cardiac Sonography	CS	CCI	(RCS)(CCI)
Cardiac Sonography	CS	CCI	(RCCS)(CCI)
Cardiac Sonography	CS	ARDMS	(RDCS)(ARDMS)
Computed Tomography	CT	ARRT	R.T.(CT)(ARRT)
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 PET/CT only	FUS	NMTCB	(CNMT)(NMTCB) and (CT)(NMTCB)
Fusion Imaging PET/CT only	FUS	ARRT	R.T.(N)(CT)(ARRT)
Fusion Imaging PET/CT only	FUS	ARRT and NMTCB	R.T.(N)(ARRT) and (CT)(NMTCB)
Fusion Imaging PET/CT only	FUS	ARRT and NMTCB	R.T.(R)(ARRT) and (PET)(NMTCB)
Limited Radiography	LXE, LXT, LXP, LXV	NONE	NONE
Musculoskeletal	MSK	ARDMS	(RMSKS)(ARDMS)
Magnetic Resonance Imaging	MRT	ARMRIT	(RMRIT)(ARMRIT)
Magnetic Resonance Imaging	MRT	ARRT	R.T.(MR)(ARRT)
Nuclear Medicine	NMT	ARRT	R.T.(N)(ARRT)
Nuclear Medicine	NMT	NMTCB	CNMT(NMTCB)
Registered Phlebology Sonography	RPS	CCI	(RPhS)(CCI)
Radiation Therapy	RTT	ARRT	R.T.(T)(ARRT)
Radiography	RRT	ARRT	R.T.(R)(ARRT)
Radiologist Assistant	RRA	ARRT	R.R.A.(ARRT)
Vascular Sonography	VS	ARDMS	(RVT)(VT)(ARDMS)
Vascular Sonography	VS	ARRT	R.T.(VS)(ARRT)
Vascular Sonography	VS	CCI	(RVS)(CCI)