



**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*

**Provisional 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 Provisional License if you are currently following a training pathway established by one of the MIRTP-approved certifying and registering credentialing organizations (see Section 5).**

**Provisional licensure is a 2-year term and may only be renewed once for another 2-year term. You must pass the pathway exam you are pursuing within those 4 years. If you do not pass the exam you cannot receive a license in the state of New Mexico.**

**SECTION 1 – PERSONAL INFORMATION**

DATE		
REGISTRATION NO.		Located on your Certificate
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		List each Provisional Pathway you are Requesting	
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)**

<b>PREFERRED - Send by Email include attachments</b>	<b>NON-PREFERRED – MAIL-IN or WALK-IN</b>
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 application approval, 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 3 – FEES (All applications include a \$10.00 application fee)**

**Licensure Term – 2 years**

\$35.00	1 Original Certificate of Licensure	\$	35.00
\$ 5.00	Per each additional Certificate	#	\$
<b>TOTAL</b>		<b>\$</b>	

**SECTION 4 – SUPERVISOR INFORMATION**

Please list the individual who will be responsible for supervising you while performing the clinical exams in the modality that you are pursuing. This individual must attest to the approved national credentialing organization that all required clinical procedures have been completed **and must be** credentialed themselves in the pathway for the exam being performed.

<b>NAME</b>	
<b>CREDENTIALS</b>	
<b>NAME OF CLINIC SITE</b>	
<b>CLINIC ADDRESS</b>	
<b>DIRECT CLINIC PHONE NUMBER and CELL PHONE</b>	
<b>BUSINESS EMAIL ADDRESS</b>	

**SECTION 5 -NATIONAL CREDENTIALING PATHWAY INFORMATION**

**List of National Credentialing Organizations**

<b>Credentialing Organizations</b>	<b>Nonionizing Provisional Licensure</b>
American Registry for Diagnostic Medical Sonography (ARDMS)	Provisional Cardiac Sonography (PCS)
American Registry of Radiologic Technologists (ARRT)	Provisional General Sonography (PGS)
American Registry of Magnetic Resonance Imaging (ARMRIT)	Provisional Musculoskeletal (PMK)
Cardiac Credentialing International (CCI)	Provisional Magnetic Resonance (PMR)
	Provisional Phlebology Sonography (PPS)
	Provisional Vascular Sonography (PVS)

**Ionizing Provisional Licensure**

New Mexico Provisional Computed Tomography (PCT) licensure applicants must be following a training pathway to become certified and registered by the ARRT and credentialed in Computed Tomography in at least one of the following active NM Medical Imaging and Radiation Therapy Licenses:

**Radiography | Nuclear Medicine | Radiation Therapy | Radiologist Assistant**

**SECTION 6 – ATTACHMENTS REQUIRED**

1. PDF image of one of the following official government issued certified and unexpired identification:  
(a) Driver’s License, or (b) Passport
2. 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 7 – ATTESTATIONS  
(Initials REQUIRED to process the request)**

<p><b>1.</b> 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.</p>	
<p><b>2.</b> I attest that I am aware that Provisional licenses are only renewable one (1) time, and I must use the Provisional application upon renewal (a total of 4 years to complete the pathway. If you fail to pass the pathway, you will not be issued a license in the modality in the state of New Mexico.)</p>	
<p><b>3.</b> 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).</p>	
<p><b>4.</b> 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.</p>	

**FOR MIRTP OFFICE USE ONLY**

MIRTP Registration Number	
Provisional License Issued	
Duplicate Certificate Requested	
Electronic Payment Due	
Postmark/Email/Date Rec’d	