



**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 but have not taken your ARRT or NMTCB exams.**

**If your Temporary license expires and you have not passed your exam you must STOP performing the modality until you pass the exam. Upon passing the exam, apply for the Initial License, note that a \$25.00 expiration fee will be imposed.**

*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

|                           |  |
|---------------------------|--|
| <b>DATE</b>               |  |
| <b>NAME</b>               |  |
| <b>ADDRESS</b>            |  |
| <b>CITY   STATE   ZIP</b> |  |
| <b>PHONE – PERSONAL</b>   |  |
| <b>WORK PHONE</b>         |  |
| <b>EMAIL ADDRESS</b>      |  |

#### 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: <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> </ul> | Checks or money orders must be made payable to NMED. Do not staple or tape check to form. |

|  |   |
|--|---|
| <ul style="list-style-type: none"> <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> | 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)<br>Licensure Term – 1 year with NO RENEWAL for the same modality |                                     |           |       |
|--|-------------------------------------|-----------|-------|
| \$ 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 MIRTTP 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 one of the following official government issued certified and unexpired identification:           <ol style="list-style-type: none"> <li>(a) Driver’s License, or (b) Passport</li> </ol> </li> <li>2. 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 MIRTTP approved Program, containing the program completion date and degree awarded.</li> </ol> |

| SECTION 4 – ATTESTATIONS<br>(Initials REQUIRED to process the request)   |  |
|--|--|
| <ol style="list-style-type: none"> <li>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.</li> </ol>   |  |
| <ol style="list-style-type: none"> <li>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.<br/>Reference <a href="#">20.3.20 NMAC (Link)</a></li> </ol>   |  |
| <ol style="list-style-type: none"> <li>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.</li> </ol> |  |

| FOR MIRTTP OFFICE USE ONLY          |  |
|-------------------------------------|--|
| MIRTTP Registration Number          |  |
| Program Completion Date             |  |
| Duplicate Certificate Requested     |  |
| Electronic Payment Due              |  |
| Postmark/Email/Date Rec’d           |  |
| New Certificate Registration Number |  |