



Medical Imaging & Radiation Therapy Program (MIRTP)

PO Box 5469 Santa Fe, NM 87502-5469

Program Contacts: (505) 280-2790 | (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

Temporary Ionizing License Application

Please clearly fill in 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.

APPLICATION WILL BE REJECTED IF MISSING ANY REQUIRED INFORMATION OR DOCUMENTS

YOU MUST RESUBMIT THE ENTIRE PACKET IF REJECTED – DO NOT SEND SEPARATELY

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

INSTRUCTIONS FOR SUBMITTING APPLICATION AND PAYMENT

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

Send by Email AND include all required attachments

Email: rcb.MIRTP@env.nm.gov

PAYMENT INSTRUCTIONS

- You will receive an email confirming the receipt of the application within 4-6 business days, excluding state holidays or office closures.
- When your application has been processed, you will receive an email with a link to the payment portal.

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 MIRTP if you didn't receive the link.

SECTION 2 – FEES (All applications include a \$10.00 application fee) 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	#	\$
TOTAL		\$	

SECTION 3 – EDUCATIONAL PROGRAM INFORMATION	
Must be recognized by MIRTP as an approved Medical Imaging or Radiation Therapy Program	
EDUCATIONAL PROGRAM NAME	
PROGRAM COMPLETION DATE	
PROGRAM DIRECTOR'S NAME	
PROGRAM DIRECTOR'S EMAIL	
DIRECT PHONE NUMBER	

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 my diploma or official/unofficial transcripts that indicate the "type" of degree awarded and the date the degree was awarded, OR an official signed letter from the Program Director of the MIRTP approved Program, containing the program completion date and degree awarded.

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 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 20.3.20 NMAC (Link)	
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	
Program Completion Date	
Duplicate Certificate Requested	
Electronic Payment Due	
Postmark/Email/Date Rec'd	
New Certificate Registration Number	