



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](#)

Request for Written Verification Application

Your information and the state or entity must be filled out completely. 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.

**APPLICATION WILL BE REJECTED IF MISSING ANY REQUIRED INFORMATION OR DOCUMENTS
YOU MUST RESUBMIT THE ENTIRE PACKET IF REJECTED – DO NOT SEND SEPARATELY**

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

SECTION 1 – PERSONAL INFORMATION

DATE	
REGISTRATION NO.	Located on your Certificate
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 3 – FEES (All applications include a \$10.00 application fee)

\$ 20.00	Application Fee		\$	20.00
\$ 10.00	Per each additional verification(s)	#	\$	
TOTAL			\$	

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

525 Camino de los Marquez, Suite 1B - PO Box 5469, Santa Fe, New Mexico 87502-5469 | (505) 476-8600

www.env.nm.gov/rcb/medical-imaging-radiation-therapy-program/

SECTION 2 – Each State and/or Entity Must be Identified

PROVIDE EMAIL FOR FASTER SERVICE

MUST FILL OUT THE STATE AND OR ENTITY INFORMATION

State or Entity Name			
Attention (to whom)		Email	
Address			
City State Zip			

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State or Entity Name			
Attention (to whom):		Email	
Address			
City State Zip			

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State or Entity Name			
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City State Zip			

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 4 – ATTESTATIONS
(Initials REQUIRED to process the request)**

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| 1. I attest that I have included all available 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 MIRTP OFFICE USE ONLY

MIRTP Registration Number	
Electronic Payment Due	