



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

Initial 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

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				

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

Send by Email AND include all required attachments

Email: rcb.MIRTP@env.nm.gov

PAYMENT INSTRUCTIONS

WORK PHONE EMAIL ADDRESS

- 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)					
\$110.00	1 Original Certificate of Licensure		\$	110.00	
\$ 5.00	For each additional Certificate requested	#	\$		
\$ 25.00	*Reinstatement fee- IF NM license expired more than 1 year ago	an 1 year ago \$			
TOTAL			\$		

Fees are determined bi-annually regardless of how many modalities are issued.

*NOTE: The \$25.00 reinstatement fee will be automatically added if your New Meixo license expired and the fee is not included above.

SECTION 4 – ATTACHMENTS REQUIRED !!

- 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: <u>ARDMS (Link)</u>, <u>ARMRIT (Link)</u>, <u>CCI (Link)</u>, <u>MMTCB (Link)</u>, <u>ARRT (Link)</u> (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 <u>20.3.20 NMAC (Link)</u> rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.
- 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 <u>20.3.20 NMAC (Link)</u> 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	Refere License	nce - Type of License Required Credentialing	Required Credentials
		Organization	
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,	NONE	NONE
	LXV		
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	RPS	CCI	(RPhS)(CCI)
Sonography			
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)