



**Medical Imaging & Radiation Therapy Program**  
**P.O. Box 5469**  
**Santa Fe, NM 87502-5469**  
**Telephone (505) 476-8633**  
**stephen.sanchez@state.nm.us**  
<https://www.env.nm.gov/rcb/mirtp/>

### Provisional License Application Form

The Medical Imaging and Radiation Therapy Program (MIRTP), offers Provisional Licenses to individuals who are no longer enrolled in an approved medical imaging program but who are following the training pathways established by one of the recognized national credentialing organization to become certified and registered in a diagnostic medical imaging modality.

| <b>Section 1 - General Information</b> |                     |  |                         |  |  |
|--|---------------------|--|-------------------------|--|--|
| Application Date:                      |                     |  | Social Security Number: |  |  |
| Name:                                  |                     |  |                         |  |  |
| Address:                               |                     |  |                         |  |  |
| City:                                  | State Abbreviation: |  | Zip Code:               |  |  |
| Home Phone:                            | Cell Phone:         |  |                         |  |  |
| Email Address:                         |                     |  |                         |  |  |
| Work Phone:                            | Birth Date:         |  |                         |  |  |

Please note: Your NM certificate of licensure will be mailed to the address you listed above. NM requires that an original certificate of licensure be posted at each place of employment prior to performing any diagnostic medical imaging procedures or any radiation therapy procedures. If you would like your NM certificates mailed to an address other than the address you listed above, include a prepaid, self-address air bill that is attached to a separate 9"x12" express courier envelope, which should be folded in half and included within your application packet that is sent to the MIRTP. I recommend that your name and address appear on the air bill as the sender. Please make sure that you include the name and physical address that you want the certificates of licensure sent. If you decide to use an express courier serve, write down and keep the tracking numbers.

| <b>Section 2 – National Credentialing Pathway Information</b>   |
|---|
| In this section please list the national credentialing organization and the name of the credentialing pathway you are pursuing. |
| National Credentialing Organization:  |
| Name of Pathway:  |
| National Credentialing Organization:  |
| Name of Pathway:  |

| <b>MIRTP OFFICE USE ONLY</b>     |                                   |
|----------------------------------|-----------------------------------|
| MIRTP Registration number:       | New coordinated expiration date:  |
| Current license expiration date: | Duplicate certificates requested: |
| Additional NM license(s) issued: |                                   |
| Check Date/No./Amount:           |                                   |
| Postmark date:                   | MIRTP date received stamp:        |

### Section 3 – Supervisor Information

In this section please list the individual who will be responsible in supervising the required clinical exams and who will be attesting that all required clinical procedures have been completed.

|                           |  |             |  |
|---------------------------|--|-------------|--|
| Name:                     |  |             |  |
| Credentials:              |  |             |  |
| Name of clinical site:    |  |             |  |
| Address of clinical site: |  |             |  |
| Direct Telephone Number:  |  | Cell Phone: |  |
| Email address:            |  |             |  |

### Section 4 – Clinical Site Information

In this section please answer the following questions regarding the location where all required clinical procedures will be completed.

|          |        |           |
|----------|--------|-----------|
| Name:    |        |           |
| Address: |        |           |
| City:    | State: | Zip Code: |
|          |        |           |

### Section 5 - Fee Schedule:

|  |   |
|--|---|
| <p>A provisional license fee is \$35.00, which includes a \$10.00 application fee and the \$25.00 biennium fee. The minimum payment amount to submit with this application is \$35.00. The \$35.00 fee amount includes 1 certificate of licensure.</p>   | <b>Fee Amounts:</b><br><br><b>\$ 35.00</b><br>Box 1 |
| <p>NM rules state that original certificates of licensure must be displayed at each place of employment in NM prior to performing medical imaging or radiation therapy procedure. Copies from your original certificate of licensure do not meet this rule requirement. Original certificates of licensure must be ordered from the MIRTP and the cost for each additional original certificate of licensure is \$5.00. (For example: If you are requesting an additional 3 original certificates of licensure the total amount you would place in the box to the right is \$15.00.) Please add \$5.00 for each additional certificate of licensure that is requested and enter that total amount in this box. If no additional certificates are requested place \$0.00 in this box.</p> | Box 2   |
| <p><b>The total fee amount due will be the sum of Box 1 + Box 2.</b><br/>                 (For Example: If you are requesting 3 additional certificates, you would add \$15.00 to \$35.00 for a sum of \$50.00.) Please enter the total fee amount that you are including with this application in Box 3.</p>  | Box 3   |

## Section 6 - Check List

**Place a check mark next to each of the following items when completed:**

|   |  |
|---|--|
| 1. A completed and signed application form. Please complete this form electronically before printing but remember to sign the form after it has been printed. It is acceptable if you would prefer to check this box with a pen after you have printed and signed the form.   |  |
| 2. A copy of the front side of your Social Security Card, please do not copy the back side of your social security card. Please copy all the required supporting documents on one piece of paper, provided they all fit and are legible.  |  |
| 3. A copy of a valid official government issued photo identification card, such as your driver's license, which does not have to be a New Mexico driver's license. Please do not copy the back side of the official government issued photo ID.   |  |
| 4. If you are currently registered with one or more credentialing organizations, please copy the front side of your current ARDMS, ARMRIT, ARRT, CCI and/or your current NMTCB wallet card, send a copy of each wallet card that is applicable to you. Please do not copy the back side of the wallet cards. Please copy all the required supporting documents on one piece of paper, provided they all fit and are legible.  |  |
| 5. A check or money order payable to "NMED" for the appropriate total fee amount, please do not make the checks payable to any other payee because if the payee is not only "NMED", the check or money order will not be accepted. Fees submitted are non-refundable and non-transferrable. If the MIRTTP is unable to process the fees submitted by the applicant, then the name that licensee will be removed from the list of all NM medical imaging and radiation therapy professionals, which appears on the MIRTTP web page. The MIRTTP will assess a \$25.00 nonsufficient fund fee to that licensee. The licensee must submit payment to the MIRTTP in the form of a cashiers' check or money order. If you are unsure of the correct fee amount to submit, please call (505) 476-8633 for assistance with this matter. |  |
| 6. Send the completed application packet to: NMED-RCB-MIRTTP, Attention: Stephen Sanchez P.O. Box 5469, Santa Fe, NM 87502-5469, do not send to our physical address unless an express courier service is used. Please do not staple application form or do not tape checks or money orders to this application form. If you wish to use an express delivery courier service, the physical address is located towards the top of our web page.  |  |
| 7. I am aware that a NM Provisional License may be renewed only once and that I must have completed all required clinical hour procedures within the two consecutive biennium license periods.  |  |

***The MIRTTP will not process your request if any of the boxes listed in Section 6 are not checked. Your application form must be SIGNED (typed signatures will not be accepted).***

## Section 7 - Signature

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 rules, and that all information provided is true to the best of my knowledge.

**SIGN HERE:**

**Date:**