



Medical Imaging & Radiation Therapy Program
P.O. Box 5469
Santa Fe, NM 87502-5469
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<https://www.env.nm.gov/rcb/mirtp/>

Application Form for Initial Licensure for Medical Imaging or Radiation Therapy

Dear Applicant: ***Please complete this application form electronically before printing.*** Processing time is typically within two (2) business days after a completed application packet has been received by the Medical Imaging and Radiation Therapy Program (MIRTP). ***An application packet is considered complete when ALL boxes in Section 6 of this application form have been checked.***

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

| Section 2 - Active Credentialing Organization Information | | | |
|---|--|---------------------|--|
| <i>ENTER ALL ID NUMBERS AND CREDENTIALS THAT ARE APPLICABLE TO YOU.</i> | | | |
| American Registry for Diagnostic Medical Sonography (ARDMS) ID Number: | | ARDMS Credentials: | |
| American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) ID Number: | | ARMRIT Credentials: | |
| American Registry of Radiologic Technologists (ARRT) ID Number: | | ARRT Credentials: | |
| Enter your Cardiovascular Credentialing International (CCI) ID Number: | | CCI Credentials: | |
| Enter your Nuclear Medicine Technologist Certification Board (NMTCB) ID Number: | | NMTCB Credentials: | |
| MIRTP OFFICE USE ONLY | | | |
| MIRTP Registration number: | New coordinated expiration date: | | |
| | Duplicate certificates requested: | | |
| NM license(s) issued: | | | |
| Check Date/No./Amount: | | | |
| Postmark date: | MIRTP date received stamp: | | |

Section 3 – Licensure

Applicants will be issued one or more New Mexico medical imaging or radiation therapy license based on the applicant’s credentialing status with at least one of the following medical imaging or radiation therapy credentialing organizations:

- | | |
|--|---|
| <ul style="list-style-type: none"> • ARDMS • ARRT • NMTCB | <ul style="list-style-type: none"> • ARMRIT • CCI |
|--|---|

| Type of License | Required Credentialing Organization | Required Credentials |
|--|-------------------------------------|--------------------------------|
| Cardiac Sonography (CS) | CCI | (RCS)(CCI) |
| Cardiac Sonography (CS) | CCI | (RCCS)(CCI) |
| Cardiac Sonography (CS) | ARDMS | (RDCS)(ARDMS) |
| 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 (FUS) PET/CT only | NMTCB | (CNMT)(NMTCB) and (CT)(NMTCB) |
| Fusion Imaging (FUS) PET/CT only | ARRT | R.T.(N)(CT)(ARRT) |
| Fusion Imaging (FUS) PET/CT only | ARRT and NMTCB | R.T.(N)(ARRT) and (CT)(NMTCB) |
| Fusion Imaging (FUS) PET/CT only | ARRT and NMTCB | R.T.(R)(ARRT) and (PET)(NMTCB) |
| Limited Radiography (LXE)(LXT)(LXP)(LXV) | NONE | NONE |
| Musculoskeletal (MSK) | ARDMS | (RMSK)(ARDMS) |
| Magnetic Resonance (MRT) | ARMRIT | RMRT(ARMRIT) |
| Magnetic Resonance (MRT) | ARRT | R.T.(MR)(ARRT) |
| Nuclear Medicine (NMT) | ARRT | R.T.(N)(ARRT) |
| Nuclear Medicine (NMT) | NMTCB | (CNMT)(NMTCB) |
| Phlebology Sonography | CCI | (RPhS)(CCI) |
| Registered Radiologist Assistant (RRA) | ARRT | R.R.A.(ARRT) |
| Radiography (RRT) | ARRT | R.T.(R)(ARRT) |
| Radiation Therapy (RTT) | ARRT | R.T.(T)(ARRT) |
| Vascular Sonography (VS) | ARDMS | (RVT)(ARDMS) |
| Vascular Sonography (VS) | ARRT | R.T.(VS)(ARRT) |
| Vascular Sonography (VS) | CCI | (RVS)(CCI) |

Section 4 - Fee Schedule:

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|---|---|
| NM biennium licensure fee is \$110.00, which includes a \$10.00 application fee and the \$100.00 biennium fee. The minimum payment amount to submit with this application is \$110.00. Only one biennium fee is required, irrespective of the number of license types that the applicant is issued by the MIRTTP. The \$110.00 fee amount includes 1 certificate of licensure. | Fee Amounts: <div style="border: 1px solid black; padding: 5px; text-align: center; width: 80px; margin: auto;"> \$ 110.00 Box 1 </div> |
| 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 MIRTTP 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 Box 2 is \$15.00.) Please add \$5.00 for each additional certificate of licensure that is requested and enter that total amount in Box 2. If no additional certificates are requested place \$0.00 in Box 2. | <div style="border: 1px solid black; padding: 5px; text-align: center; width: 80px; margin: auto;"> Box 2 </div> |
| The total fee amount due will be the sum of Box 1 + Box 2. (For Example: If you are requesting 3 additional certificates, you would add \$15.00 to \$110.00 for a sum of \$125.00.) Please enter the total fee amount that you are including with this application in Box 3. | <div style="border: 1px solid black; padding: 5px; text-align: center; width: 80px; margin: auto;"> Box 3 </div> |

Section 5 – Coordination of NM License and National Credentialing Organization Expiration Date:

Licenses issued prior to the 15th of the issuing month will be for 24 months, begin on the date the license is issued and expires on the last day of the month the license was issued. Licenses issued after the 15th of the month will be for 24 months, begin on the day the license is issued and expires on the last day of the month following the month the license was issued. The applicant may request for coordination of their NM license expiration date with their national credentialing organization expiration or valid thru date by agreeing to reduce NM biennium period so that their NM expiration date will be reduced to the last day of the month of their national credentialing organizations expiration or valid thru date closest to their current NM biennium expiration date. Please note that such reduction in licensure term shall NOT reduce the applicant or licensee’s license fee.

| | |
|---|--|
| Please check this box if you select to coordinate your NM License Expiration Date with your National Expiration Date: | |
|---|--|

**Section 6 - Required Supporting Documents and Applicant Acknowledgements
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 like to check this box with a pen after you have printed and signed this application 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 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. | |
| 4. 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. | |
| 5. A check or money order payable to "NMED" for the appropriate total fee amount. 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-MIRTTP, Attention: Stephen Sanchez P.O. Box 5469, Santa Fe, NM 87502-5469. <u>Please do not staple application form and do not tape checks or money orders to this application form.</u> | |
| 7. I am aware that I must complete and accumulate a minimum of 24 "Category A" continuing education credits during each biennium period before I am able to renew my NM license. | |
| 8. I am aware that I must remain active and in good standing with all the credentialing organizations that were used to obtain my NM medical imaging or radiation therapy license or licenses. I agree to notify the MIRTTP with any changes to my active status, which may include any disciplinary actions or probationary status, in any of the credentialing organizations used to apply for a NM medical imaging or radiation therapy license. | |

The MIRTTP will not process your request if any of the boxes listed in Section 6 are not checked or if any of the required supporting documents or the correct fee amount is not included within your application packet. 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: