



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/>

Provisional License Application Form

The Medical Imaging and Radiation Therapy Program (MIRTP), offers Provisional Licenses to individuals who are enrolled in an approved medical imaging program and preparing to take their national certifying or registering exams and who are following the training pathways established by one of the recognized national credentialing and registering organization to become certified and registered in a medical diagnostic imaging or radiation therapy modality.

Section 1 - General Information					
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.					
Section 2 – National Credentialing Pathway Information					
In this section please list the national credentialing organization, such as the ARDMS, ARMRIT, ARRT, CCI, or NMTCB, and the name of the credentialing pathway or exam that you are pursuing.					
National Credentialing Organization:					
Name of Pathway:					

MIRTP OFFICE USE ONLY	
MIRTP Registration number:	Duplicate certificates requested:
Current license expiration date:	
Additional NM license(s) issued:	
Payment Method: Electronic Payment:	
Postmark date:	Check or Money Order Payment Information
	Check Date: Check Number: Check Amount:

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 to the approved nationally credentialing organization, 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:

Clinical Site Direct Telephone Number:

Section 5 - Fee Schedule:

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 original certificate of licensure.

Fee Amounts:

\$ 35.00
Box 1

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 procedures. Copies from your original certificate of licensure do not meet this rule requirement. If you need more than 1 original certificate, enter the number of additional original certificates you are requesting in Box 2.

Box 2

Original certificates of licensure must be ordered from the MIRTP. The cost for each additional original certificate of licensure is \$5.00. Please add \$5.00 for each additional certificate of licensure ordered and enter that total dollar amount in Box 3. If no additional certificates are requested place \$0.00 in Box 3. (For example: If you are requesting an additional 4 original certificates of licensure, the total amount you would enter in Box 3 is \$20.00).

Box 3

The total fee amount due will be the sum of Box 1 + Box 3.

(For Example: If you are requesting 4 additional original certificates, in addition to the 1 original certificate that is already included in Box 1, you would add the \$20.00 that you should have entered in Box 3 to the \$35.00 minimum fee amount that appears in Box 1, for a sum of \$55.00, which would be the total fee amount due and should be entered in Box 5. You will be sent a total of 5 original certificates, because one original certificate had already been included with the \$35.00 minimum fee amount due in Box 1.)

*******If you are paying fees electronically the total fee amount due will be calculated and appear in an invoice located on the Wells Fargo payment web page. Your email will serve as your login name when you visit the Wells Fargo online payment screen. After your application packet has been reviewed and approved by the MIRTP, a link to the Wells Fargo payment web page will be sent to the email address that you entered in Section 1, please verify that it has been entered correctly and monitor your inbox. *******

Box 4

Section 5 - Payment Method		
Check this box if you are paying electronically:		DO NOT ENTER CREDIT CARD INFORMATION ON THIS APPLICATION.
Check this box if you are paying by check or money order:		Checks and money orders must be payable to "NMED" only or they will NOT be accepted.
Enter check or money order date:		Enter check or money order number:
Enter check or money order amount:		

Section 6 – Complete Application Packet Check List	
Place a check mark next to each of the following items when completed:	
<p>1. A completed, signed, and dated application form. Please complete this form electronically and either submit a completed application packet electronically as an email attachment to stephen.sanchez@state.nm.us or by mail. Your certificate(s) of licensure will be mailed to the address in Section 1.</p> <p style="color: red;">If you submit your application packet by email, please make sure that you get a reply within 3 business days from the date you sent the email, confirming receipt of your application packet. If there is a problem with the application form or supporting document(s), I will contact you by email, stating what the problem is, and how it may be corrected, so that your request may be processed. Your email address will serve as your login when you visit the Wells Fargo online payment screen.</p> <p style="color: green;"><u>After your application packet has been reviewed and approved by the MIRTP, a link to the Wells Fargo payment web page will be sent to the email address that you entered in Section 1, please verify that it has been entered correctly and monitor your inbox.</u></p>	
<p>2. A copy or scan of the front side of your Social Security Card, please do not copy or scan the back side of your social security card. Please copy or scan all the required supporting documents on one piece of paper, provided they all fit and are legible.</p>	
<p>3. A copy or scan 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.</p>	
<p>4. If you are currently registered with one or more credentialing organizations, please copy or scan the front side of your current ARDMS, ARMRT, 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.</p>	

Section 7 - Applicant Acknowledgements and Complete Application Packet Check List (Continued from Page 3) Place a check mark next to each of the following items when completed:	
5. Application packets that are submitted electronically must be paid electronically. If application packets are mailed, fees may be paid electronically (make sure you have selected this option in Section 5), by check, or by money order. Checks and money orders must be payable to "NMED" only. Fees submitted are non-refundable and non-transferrable.	
6. Send completed application packets to: NMED-RCB-MIRTP, 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> The MIRTP encourages all applicants to submit your completed application packet and pay all fees electronically.	
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 MIRTP will not process your request if any of the boxes listed in Section 7 are NOT checked. Your application form must be SIGNED (typed signatures will not be accepted). **Digital Signatures are acceptable.**

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: