



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/>

Application Form for Temporary 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.**

The purpose of a temporary license is to allow an individual who has completed an approved medical imaging or radiation therapy program pursuant to 20.3.20 NMAC to practice medical imaging or radiation therapy prior to sitting for their national examination with one of the medical imaging and radiation therapy credentialing organizations outlined in 20.3.20 NMAC.

A temporary license is **ONLY** for individuals who have completed an approved medical imaging or radiation therapy program and must be applied for within one year of the approved medical imaging or radiation therapy completion date.

A temporary license is **NOT** available to individuals that are currently registered and certified by one of the approved national credentialing organizations. A temporary license is **NOT** for individuals who are on a temporary medical imaging or radiation therapy employment assignment.

Section 1 - General Information			
Application Date:		Social Security Number:	
Name:			
Address:			
City:	State:	Zip Code:	
Home Phone:		Cell Phone:	
Email Address:			
Work Phone:		Birth Date:	

MIRTP OFFICE USE ONLY	
Registration number:	Examination date:
Check date:	MIRTP date received stamp:
Check number:	
Check amount:	
Type of exam :	
Duplicate certificates requested:	
Postmark date:	
Notes:	

Section 2 – Approved Medical Imaging or Radiation Therapy Educational Program

The applicant must provide documentation to the MIRTP that the individual has completed an approved program pursuant to 20.3.20.200 NMAC.

Approved Program Name:

Type of Medical Imaging or Radiation Therapy Program:

Program Director's Name:

Program Director's Email:

Program Director's Telephone Number:

Program Completion Date:

Section 3 – Examination and Notice

A temporary license:

(1) expires on the last day of the 12th month from the date of issuance or upon the applicant's failure to pass their medical imaging or radiation therapy examination; and

(2) may be granted only once and cannot be renewed or extended; however, a duplicate temporary certificate of licensure may be issued by the department for display at another place of employment upon submission of a Duplicate or Replacement Certificate Application form and fee.

Credentialing Organization Name:

Name or Type of Exam:

Assigned Examination Testing Window Dates:

Date of Scheduled Exam:

Section 4 – Employment Information

The applicant must list each place of his or her employment by providing the department with the contact information for each employer where medical imaging or radiation therapy is performed. Additional sections where additional employment data may be entered is located at the end of this application form, so that ALL places of employment are entered.

Business Name:

Business Address:

Direct Supervisor's Name:

Direct Supervisor's Email:

Direct Supervisor's Primary Contact Telephone Number:

Section 5 - Fee Schedule:

NM temporary licensure fee is \$60.00, which includes a \$10.00 application fee and the \$50.00 temporary license fee. The minimum payment amount to submit with this application is \$60.00. The \$60.00 fee amount includes 1 certificate of licensure.

Fee Amounts:

\$ 60.00

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 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 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.

Box 2

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 \$60.00 for a sum of \$75.00.) Please enter the total fee amount that you are including with this application in Box 3.

Box 3

Section 6 - Required Supporting Documents and Applicant Acknowledgements Check List

Place a check mark next to each of the following items when completed or acknowledged and agreed to by the applicant:

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 the social security card and government issued photo ID on one piece of paper. Please make sure that the copies that are submitted with this application are legible or else they will not be accepted by the MIRTP.	
3. The applicant must include with this application form: either a copy of their diploma, an official or unofficial transcript that states “the type of degree awarded” and “the program completion date”, or a letter from the approved medical imaging or radiation therapy program director (this letter must be on official letterhead and contain the program completion date and program director’s signature and date).	
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. Please copy the social security card and government issued photo ID on one piece of paper. Please make sure that the copies that are submitted with this application are legible or else they will not be accepted by the MIRTP.	
5. If the applicant has not been assigned a testing window by the national credentialing organization or has not scheduled an examination test date, the applicant must notify the MIRTP by email of the assigned testing window and scheduled examination date at least 30 days prior to the examination test date.	
6. The applicant must notify the MIRTP by email if there is a change in the scheduled examination date within 10 business days of rescheduled examination date change.	
7. If the credentialing organization determines that an individual has failed his or her examination, the individual's active temporary license issued by the department will expire 90 days after the applicant’s examination date.	
8. The applicant must notify the MIRTP by email if they failed the medical imaging or radiation therapy examination within 30 days from the date listed on his or her examination result notice from that credentialing organization.	
9. For the term of the temporary license, the applicant must notify the MIRTP by email of any new or existing employment status within thirty days after the change occurs. This includes any new employers or any changes to the employment status of those employers that have already been disclosed to the MIRTP within thirty days after any employment changes occur.	
10. The applicant must inform each supervisor at each place of medical imaging or radiation therapy place of employment that their NM temporary medical imaging or radiation therapy license will expire 90 days from their failed examination testing date, regardless of the expiration date that appears on the licensee’s NM temporary certificate of licensure, at which time, no medical imaging or radiation therapy procedures may be performed by that individual until that individual is able to produce an original initial NM medical imaging or radiation therapy certificate of licensure.	
10. A check or money order payable to “ NMED ” for the appropriate total fee amount. Fees submitted are non-refundable and non-transferrable. If the MIRTP is unable to process the fees submitted by the applicant, then the name of that licensee will be removed from the list of all NM medical imaging and radiation therapy professionals, which appears on the MIRTP web page. The MIRTP will assess a \$25.00 nonsufficient fund fee to that licensee. The licensee must submit payment to the MIRTP 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.	
11. Send the completed application packet to: NMED-MIRTP, Attention: Stephen Sanchez P.O. Box 5469, Santa Fe, NM 87502-5469. <i>Please do not staple application form and do not tape checks or money orders to this application form.</i>	

*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:

Section 8 - Additional Space to Enter Employment Information
The applicant must list each place of his or her employment by providing the department with the contact information for each employer in NM where medical imaging or radiation therapy is performed. ALL places of employment where medical imaging or radiation therapy must be disclosed to the MIRTTP, if there is not enough room on this application form to list all employers, please list the remaining employers on a separate sheet of paper and include it with this application form.
Business Name:
Business Address:
Direct Supervisor's Name:
Direct Supervisor's Email:
Direct Supervisor's Primary Contact Telephone Number:
Business Name:
Business Address:
Direct Supervisor's Name:
Direct Supervisor's Email:
Direct Supervisor's Primary Contact Telephone Number:
Business Name:
Business Address:
Direct Supervisor's Name:
Direct Supervisor's Email:
Direct Supervisor's Primary Contact Telephone Number:
Business Name:
Business Address:
Direct Supervisor's Name:
Direct Supervisor's Email:
Direct Supervisor's Primary Contact Telephone Number:
Business Name:
Business Address:
Direct Supervisor's Name:
Direct Supervisor's Email:
Direct Supervisor's Primary Contact Telephone Number:
For the term of the temporary license, the applicant must notify the MIRTTP by email of any new or existing employment status within thirty days after the change occurs. This includes any new employers or any changes to the employment status of those employers that have already been disclosed to the MIRTTP within thirty days after any employment changes occur.