



Medical Imaging & Radiation Therapy Program (MIRTP)
P.O. Box 5469
Santa Fe, NM 87502-5469
Daniel Ortiz Telephone (505) 827-2559
Stephen Sanchez Telephone (505) 699-2027
rcb.MIRTP@env.nm.gov

Request for Written Verification Application Form

Please type all required fields. This form may be printed and completed manually, by legibly writing in your responses. This form is to be used for requesting verification of your current or inactive New Mexico medical imaging or radiation therapy license(s), which may be part of another states medical imaging or radiation therapy application for licensure process, or other entities that may require written verification.

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:		

Completed application packets may be submitted to the Medical Imaging and Radiation Therapy Program (MIRTP) using 1 of the 3 methods listed below.

1. The preferred method is through email, which requires fees be paid electronically. Send all complete application packets to: rcb.MIRTP@env.nm.gov Additional detailed information for this option appears on pages 4 and 5.
2. Complete application packets may be sent by mail to the following mailing address:
 NMED-RCB-MIRTP, PO Box 5469, Santa Fe, NM 87502-5469. Please do not staple application form and do not tape checks or money orders to this application form. All fees paid by check or by money order must be made payable to "NMED", if not, they will be returned.
3. Complete application packets may be submitted in person by making an appointment. Walk-in applicants may not be processed without an appointment.

THE REMAINDER OF THE PAGE IS FOR MIRTP OFFICE USE ONLY – the MIRTP will complete the remainder of this page.

MIRTP Registration number:	Electronic Payment due:
Postmark/Email date:	

Section 2 - Fee Schedule:

Attention: If you submit your application packet by email, you will NOT be able to make your payment at the time that you email your complete application packet, you must wait until your emailed application packet:

1. Has been emailed to rcb.MIRTP@env.nm.gov and determined to be a complete application packet.
2. The MIRTP has created your invoice.
3. Until you are sent a separate email, which will include a link to make your electronic payment.

Complete the following fee schedule, so that the MIRTP may create the required invoice.

\$20.00 is the minimum fee amount due, which includes a \$10.00 application fee and a \$10.00 written verification fee.		Fee Amounts:
		\$ 20.00
\$10.00 is the fee amount for each additional written verification. Enter the quantity of additional written verifications that you are requesting in the following box, and then multiply that quantity by \$10.00, and enter the additional written verification fee amount in the box to the right of the quantity box.		\$
Enter the total fee amount due in the following box, which will be the sum of all the required fees you may have entered in the above fee amount fields.		\$

All Fees are non-refundable and non-transferrable.

If you submit your application packet by email, please make sure that you get a reply within 4 business days, excluding weekends and holidays, from the date you sent the email, confirming receipt of your application packet. After your application packet has been reviewed and approved by the MIRTP, a link to the payment portal will be emailed to the email address entered in Section 1, please verify the email address has been entered correctly and monitor your inbox, and junk mail folders.

Section 4 – Person or Entities Address Information

Most States that require written verification as part of their medical imaging or radiation therapy licensure application process will have their own required verification form. Most of those State's written verification form will have a portion on their form that must be completed by you, and the remainder of their verification form will be completed by the MIRPT, and then mailed to the address listed on that State's required verification form. However, if you are requesting written verification for someone other than a State that requires written verifications as a part of their own medical imaging and radiation therapy licensure application, please provide the following information to the MIRTP. The MIRTP will compose a verification letter for the entity or person that is requesting written verification of your active or inactive NM medical imaging or radiation therapy license and will mail it to the address that you enter below. If you need to submit more than one entity, business, or person's information, included them on a separate sheet of paper and include it with this application packet.

Entity or Person's Name:					
Attention:					
Address:					
City:		State: Abbreviation		Zip Code:	

Section 5 - Applicant attestation of compliance to each of the following items.

Enter your initials in each of the following 2 boxes after reading and understanding each item:

1. By entering my initials in the following box, I attest that I have included the verification form from states requesting verification of all my NM medical imaging and radiation therapy, whether they be active or inactive, and that I have completed all parts of those forms that are required to be completed by me. If an entity or medical imaging and radiation therapy licensing state does not have their own written verification forms, I attest that I have completed Section 4 of this form, which will be used to compose a written verification letter of all my active or inactive NM medical imaging and radiation therapy licenses to be mailed to those entities or other medical imaging and radiation therapy licensing states.

2. By entering my initials in the following box, I authorize the MIRTP to disclose all information pertaining to any of my NM medical imaging or radiation therapy license(s), whether it be favorable or unfavorable. This may include, but is not limited, to documents, records, charges or complaints, and any other derogatory information, against my NM medical imaging or radiation therapy license; formal, informal, pending, closed, or any other pertinent information.

The MIRTP will not process your request if any of the 2 boxes located above are not initialed, because the above attestations take the place of a signature.

The MIRTP requests that you wait until 4 business days have passed, from the date you emailed your application packet, before emailing or calling the MIRTP to inquire if your emailed application packets has been received or processed.

Please do not include the remaining application pages (pages 4 and 5), if you submit your application packet by mail.

Process to submit complete application packets by email and paying fees electronically.

To clarify, submitting applications electronically, means that the completed application form and any addition medical imaging and radiation therapy licensing state forms are sent by email, to rcb.MIRTP@env.nm.gov

It does not mean the applicant will be able to submit the application form and any addition medical imaging and radiation therapy licensing state forms directly from the MIRTP web page. Nor does it mean that you will be able to make your electronic payment from the MIRTP web page at the time your application is emailed.

Application forms available on the MIRTP web page are fillable and savable PDF application forms; however, they may not be submitted directly from the MIRTP web page, they must be attached to an email sent to rcb.MIRTP@env.nm.gov

Emails sent to the MIRTP that contain links or other file types that require registration or passwords to view the completed application packet will not be accepted or opened by the MIRTP.

The NMED electronic payment process may be a challenging and frustrating process, so please read the following summary of the New Mexico Environment Department electronic payment process. The electronic payment process may not be completed on the same day that the applicant has emailed their complete application packet, because of all the steps involved in the process. The following is a summary of the required steps involved in the electronic payment process:

1. Email complete application packets to rcb.MIRTP@env.nm.gov . Please make sure that you receive a confirmation email reply from the MIRTP, within 4 business/weekdays, excluding weekends and holidays, from the date that you emailed the complete application packet.
2. If there is a problem with your emailed application packet, you should be sent an email within 4 business/weekday, excluding weekends and holidays, from the date that the MIRPT sent emailed confirmation of your received application packet. That email will mention what the problem is, and what action must be taken on your part to correct the problem, so that the process may continue.
3. If the emailed application packet is complete, an invoice will be created, and you will be sent a separate email letting you know that an invoice has been created from the MIRTP. That email should be sent within 4 business/weekday, excluding weekends and holidays, from the date that the MIRTP sent emailed confirmation of your received application packet.
4. Before you can make your electronic payment, you must wait until you receive a separate email that contains a link to the NMED payment portal, where you may make your electronic payment. That separate email should be sent on the day your invoice was created, or the next business/weekday, excluding weekends and holidays, if the invoice was created after 4:00PM MST.
5. After you have entered your payment information, and after it has been accepted by Wells Fargo, you should be sent a separate email which will contain your payment confirmation number. The MIRTP requests that you forward that email to the individual who is processing your application, please do not send images or screenshots of the payment confirmation, please only forward that email. This request is not a requirement, but it may help in the processing time that your original certificate(s) are processed, because the MIRTP will not have to wait until an internal payment report has been received by the MIRTP.

6. After your payment confirmation has been received by the MIRTP, your payment confirmation information should be recorded within 4 business/weekday, excluding weekends and holiday, from the date the MIRPT has received the internal payment confirmation report, which is sent from the Environment Department's Administrative Services Division.
7. After your payment has been recorded by the MIRTP, the written verification of all your active or inactive medical imaging and radiation therapy licensure, the MIRTP will either complete any verification forms from other licensing states that were submitted with the application packet, or the MIRTP shall compose a written verification letter, which shall be prepared for mailing within 4 business/weekday, excluding weekends and holiday, from the date that the MIRTP recorded your payment confirmation information in the MIRTP database application. You should then be sent a separate email informing you of the date that your written NM licensure verification(s) were placed in the NMED internal mail room and when they may be taken to the post office.

Instructions to complete the Fee Schedule located in Section 2 of this form.

The minimum fee amount due with this application is \$20.00, which includes the \$10.00 written verification fee and the \$10.00 application fee. The minimum payment amount due is \$20.00. The \$20.00 fee amount includes 1 written verification of your NM licensure verification. The cost of each additional written verification of NM licensure is \$10.00.

The following table is an example of a Fee Schedule that was created for an applicant who is applying for a total of 4 written verifications of licensure, which will consist of the 1 written verification included in the minimum fee amount due, and the additional 3 written verifications of licensure.

Example		Fee Schedule:	***Example***
\$20.00 is the minimum fee amount due, which includes a \$10.00 application fee, a \$10.00 written verification fee, and 1 written verification of licensure.			Fee Amounts:
			\$ 20.00
\$10.00 is the fee amount for each additional written verification. Enter the quantity of additional written verifications that you are requesting in the following box, and then multiply that quantity by \$10.00, and enter the additional written verification fee amount in the box to the right of the quantity box.	3		\$ 30.00
Enter the total fee amount due in the following box, which will be the sum of all the required fees you may have entered in the above Fee Amount fields.			\$ 50.00