Print Form

BILL RICHARDSON
Governor

DIANE DENISH
Lieutenant Governor

NEW MEXICO
ENVIRONMENT DEPARTMENT

Radiation Control Bureau
The New Mexico Medical Imaging
& Radiation Therapy Program

PO Box 5469
Santa Fe, New Mexico 87502-5469
Telephone (505) 476-3264 FAX (505) 476-3015
http://www.nmenv.state.nm.us/nmrcb/radtech.html

RON CURRY
Secretary

SARAH COTTRELL
Deputy Secretary

CARLOS ROMERO
Director

DEAR APPLICANT:

The Renewal Application Form shall be used to request all New Mexico medical imaging licenses, change of name, and duplicate certificates of licensure. The most current version of this form must be used, and is located on our website @ http://www.nmenv.state.nm.us/nmrcb/radtech.html.

Requests for Renewal of Full Licensure or Limited X-ray Machine Operator's Licenses requires submittal of supplemental information and fees to include the following:

1) A copy of your official state-issued I.D. or passport.

2) Proof of completion of 24-RCEEM approved continuing education credits (CEU's) completed within the current NM Biennium, which begins 24 months from your current NM Biennium expiration date appearing on your current NM Certificate of Licensure (ASRT or SNM members may submit one CEU report). Only copies of certificates of completion for all RCEEM approved continuing education events that include the date of completion, amount of approved CEU's, and the RCEEM name and reference number can be accepted.

3) A copy of your ARRT or NMTCB wallet card. Submit both if they are current.

4) Licensure fee.

Please mail completed application form and copies of supporting documents to the attention of Stephen Sanchez at the above address. Hand-delivered applications are accepted but may not be processed on the same day without a scheduled appointment.

Please make checks or money orders payable to the NM Environment Department or NMED. Cash and credit cards can ***NOT*** be accepted at this time. Application processing time is typically within ten (10) business days after receipt, provided all required supporting documents and fees are properly submitted.

For further information check the program guidance and frequently asked questions (FAQs) at http://www.nmenv.state.nm.us/nmrcb/radiologictechnologists_forms.html.

REGISTRATION NUMBERS
The *New Mexico Medical Imaging and Radiation Therapy Program* began using a "Registration Number" to identify all existing customers of the program. This number is computer-generated, and is unique to each customer.

The registration number is different than an issued license number, and may be used for all inquires regarding customer status or other pertinent information. All new customers must continue to provide social security numbers when applying for initial services. This number will be used to generate the registration number and for purposes of compliance with the *Parental Responsibility Act* when applicable.

New Mexico Medical Imaging and Radiation Therapy

RENEWAL & REINSTATEMENT APPLICATION
Full Licensure
Full Limited X-ray Machine Operators Licensure

Form No. or Version 3.23.2010 Date March 2010

Regulation 20.3.20 NMAC

Customer Guidance http://www.nmenv.state.nm.us/nmrcb/radiologictechnologists_forms.html

New Mexico Environment Department
Radiation Control Bureau
New Mexico Medical Imaging and Radiation Therapy Program
P.O. Box 5469
Santa Fe, New Mexico 87502-5469
Phone No. (505) 476-3264
Facsimile No. (505) 476-3015

GENERAL INFORMATION [if not applicable, please leave blank]

Social Security No. _____ NM Registration No. _____ Date of Birth _____

First Name _____

Last Name _____

Middle Name _____

Maiden Name _____

Address _____ Home Phone No. _____

City _____ State [Abbreviate] _____ Zip Code _____ Cell No. _____

ARRT No. _____ Email Address _____

Credentials (i.e, R.T. (R), ARRT) _____

NMTCB No. _____ ARDMS No. _____

RENEWAL - FULL LICENSURE

Check the box and enter your NM License Number(s) for all licenses requested for renewal. NM Full Licenses expired for more than one year are not eligible for renewal.

- ☐ Radiography (RRT) _____
- ☐ Radiation Therapy (RTT) _____
- ☐ Nuclear Medicine (NMT) _____
- ☐ Fusion Imaging (FUS) _____
- ☐ Radiologist Assistant (RRA) _____

RENEWAL - FULL LIMITED X-RAY MACHINE OPERATORS LICENSURE

Check the box and enter your NM License Number(s) for all licenses requested for renewal.

- ☐ Chest & Thorax (LXT) _____
- ☐ Cranium (LXC) _____
- ☐ Podiatric (LXP) _____
- ☐ Visceral Column (LXV) _____
- ☐ Extremities (LXE) _____

RCB USE ONLY Check Date _____ Check No. _____ Check Amount _____

# of Duplicate Certificates Requested _____

CERTIFICATE OF DISPLAY

Section 20.3.20.300 NMAC states that original certificates must be displayed at ***EACH*** place of employment. Where additional certificates are required due to multiple posting locations, a valid duplicate certificate must be posted. Duplicate certificates may be requested on this form.

☐ Not Applicable

Facility Name, Physical Address, Telephone No.	
Facility Name, Physical Address, Telephone No.	
Facility Name, Physical Address, Telephone No.	

REQUESTS AND FEES please read the following information, then enter the applicable fees using the fee calculator.

BIENNIUM CERTIFICATE OF LICENSURE - the fee applies to full license renewals, and includes licensure and one original certificate of licensure.

REINSTATEMENT - the fee applies to license(s) expired within twelve months of the expiration date.

DUPLICATE OR REPLACEMENT CERTIFICATE OF LICENSURE - the fee applies request for duplicate or replacement certificates of licensure for a current biennium, and includes one original certificate of licensure.

REQUEST FOR LEGAL NAME CHANGE - the fee applies to requests made during a current biennium.

FEE CALCULATOR - RENEWAL LICENSURE AND OTHER REQUESTS	QUANTITY	PRICE	AMOUNT
NM Application fee			10.00
Licensure Renewal		100.00	
Limited X-ray Machine Operator		60.00	
Reinstatement		25.00	
Duplicate or Replacement Certificate of Licensure (each)		5.00	
Legal Name Change		15.00	
		Grand Total	

Enter check/money order No.

Make checks or money orders payable to the NM Environment Department or NMED. Cash and credit cards can ***NOT*** be processed at this time.

I certify I have not been convicted of a felony, and child support payments are not delinquent. All information submitted is true and correct to the best of my knowledge. I have read and understand the New Mexico Radiation Protection Regulations, and understand I am required to comply with these regulations.

Signature Date