



Medical Imaging & Radiation Therapy Program (MIRTP)

PO Box 5469 Santa Fe, NM 87502-5469

Program Contacts: (505) 280-2790 | (505) 699-2027 | (505) 629-9761

Email: rcb.MIRTP@env.nm.gov

LINK: [NMAC 20.3.20 - MIRTAC APPROVED RULES AND REGULATIONS](#)

[Rules are subject to change as determined by the Annual MIRTAC meeting held every December](#)

License Renewal Application

Please fill out all required fields. This form may be printed and completed manually by legibly writing in your responses. Your original certificate(s) of licensure will be mailed to the address entered in Section 1.

STOP AND READ: (This rule will apply to the date you place on your application - NO exceptions!)

NMAC 20.3.20.320 LICENSES

C (Term for Licenses issued before the 15th of the month. (1) be for 24 months; (2) begin on the date the license is issued; and (3) end on the last day of the month the license was issued.

D (Term for licenses issued after the 15th of the month. (1) be for 24 months; (2) begin on the date the license is issued; and (3) end on the last day of the month FOLLOWING the month the license was issued.

SECTION 1 – PERSONAL INFORMATION

DATE	
LAST 4 OF SSN	
NAME	
ADDRESS	
CITY STATE ZIP	
PHONE – PERSONAL	
WORK PHONE	
EMAIL ADDRESS	
DATE OF BIRTH	

**SECTION 2 - ACTIVE CERTIFICATIONS APPLYING FOR
CREDENTIALS MUST BE ATTACHED AND SENT WITH APPLICATION**

ARDMS ID NUMBER	
ARRT ID NUMBER	
ARMRIT ID NUMBER	
CCI NUMBER	
NMTCB ID NUMBER	

**INSTRUCTIONS FOR SUBMITTING APPLICATION AND PAYMENT
(All Fees are non-refundable and non-transferrable)**

PREFERRED - Send by Email include attachments	NON-PREFERRED – MAIL-IN or WALK-IN
Email: rcb.MIRTP@env.nm.gov	NMED-RCB-MIRTP
PAYMENT INSTRUCTIONS	PO BOX 5469, Santa Fe, NM 87502-5469
• You will receive an email confirmation within 4-6 business days, excluding state holidays or closures.	Checks or money orders must be made payable to NMED. Do not staple or tape check to form.

<ul style="list-style-type: none"> Upon application approval, you will receive an email with a link to the payment portal. <p>NOTE: Payments cannot be made on the same day, make sure you entered a valid email address, and check your email spam and junk folder before contacting for non-receipt.</p>	<p>Appointments for walk-in applicants are required. Must have a completed application packet and payment in the form of a check or money order payable to NMED.</p>
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SECTION 3 - FEES				
\$110.00	1 Original Certificate of Licensure		\$	110.00
\$ 5.00	Per each additional Certificate	#	\$	
\$ 25.00	Reinstatement fee- NM license expired less than 1 year -will be added		\$	
TOTAL			\$	
If your license has expired more than 1 year from your last active expiration date, DO NOT use this form. Please submit the Initial Licensure form where a \$25.00 fee will be accessed to process your request.				

SECTION 4 – ATTACHMENTS REQUIRED	
1. PDF image of all certifying and registering organization credentials used to acquire my current MIRT license(s). I will use the following links to obtain my most current credentialing information and attach to this submittal: ARDMS (Link) , ARMRIT (Link) , CCI (Link) , NMTCB (Link) , ARRT (Link)	

SECTION 5 – ATTESTATIONS (Initials REQUIRED to process the request)	
1. I attest that I have read and understood the current version of 20.3.20 NMAC (Link) rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.	
2. I attest that I am aware that if I have become certified and registered in a new modality that meets the requirement of one of the MIRT license types in New Mexico, I may be issued a new license certificate class, and that it will be included in the biennium fee.	
3. I attest that I am solely responsible for ensuring that I maintain a current NM medical imaging or radiation therapy license. I am aware that I must have an active and original certificate of licensure at each place of employment in NM before performing any medical imaging or radiation therapy procedures. I know that photocopying or other reproduction of a certificate of licensure is prohibited. I am aware that I must remain active and in good standing with all registering and certifying credentialing organizations that were used to obtain my NM medical imaging or radiation therapy license(s) which meets the CEU renewal requirements as required.	
4. I agree to notify the MIRTTP of any changes to my active status. Which may include, but is not limited to, any disciplinary actions or probationary status with any of the certifying and credentialing organizations used to renew my NM medical imaging or radiation therapy license(s).	
5. 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 (Link) rules and that all information provided is true to the best of my knowledge.	

FOR MIRTTP OFFICE USE ONLY	
MIRTTP Registration Number	
Current License Expiration Date	
Additional License(s) Issued	
Duplicate Certificate Requested	
Electronic Payment Due	
Postmark/Email/Date Rec'd	