



### Medical Imaging & Radiation Therapy Program (MIRTP)

PO Box 5469 Santa Fe, NM 87502-5469

Program Contacts: (505) 231-0171

Email: [rcb.MIRTP@env.nm.gov](mailto: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*

#### Legal Name Change Application

Please clearly fill in 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.

**APPLICATION WILL BE REJECTED IF MISSING ANY REQUIRED INFORMATION OR DOCUMENTS  
YOU MUST RESUBMIT THE ENTIRE PACKET IF REJECTED – DO NOT SEND SEPARATELY**

**Use the exact spelling of your name as it appears on the official document(s) and attach the document(s) to the email for verification.**

#### SECTION 1 – PERSONAL INFORMATION

DATE		
REGISTRATION NO.		Located on your Certificate
CURRENT NAME		
NAME CHANGED TO		
ADDRESS		
CITY   STATE   ZIP		
PHONE – PERSONAL		
WORK PHONE		
EMAIL ADDRESS		

#### 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)

**Send by Email AND include all required attachments**

Email: [rcb.MIRTP@env.nm.gov](mailto:rcb.MIRTP@env.nm.gov)

#### PAYMENT INSTRUCTIONS

- You will receive an email confirming the receipt of the application within 4-6 business days, excluding state holidays or office closures.
- When your application has been processed, you will receive an email with a link to the payment portal.

**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 MIRTP if you didn't receive the link.

SCIENCE | INNOVATION | COLLABORATION | COMPLIANCE

525 Camino de los Marquez, Suite 1B - PO Box 5469, Santa Fe, New Mexico 87502-5469 | (505) 476-8600

[www.env.nm.gov/rcb/medical-imaging-radiation-therapy-program/](http://www.env.nm.gov/rcb/medical-imaging-radiation-therapy-program/)

SECTION 3 – FEES (All applications include a \$10.00 application fee)				
\$ 25.00	1 Original Certificate of Licensure		\$	25.00
\$ 5.00	For each additional Certificate	#	\$	
<b>TOTAL</b>			<b>\$</b>	

SECTION 4 – ATTACHMENTS REQUIRED	
<ol style="list-style-type: none"> <li><b>PDF</b> image of one of the following official government issued certified and unexpired identification: (a) Driver's License, or (b) Passport.</li> <li><b>PDF</b> 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: <a href="#">ARDMS (Link)</a>, <a href="#">ARMRIT (Link)</a>, <a href="#">CCI (Link)</a>, <a href="#">NMTCB (Link)</a>, <a href="#">ARRT (Link)</a> (credentialing information MUST include ID numbers)</li> </ol>	

SECTION 5 – ATTESTATIONS (Initials REQUIRED to process the request)	
1. I attest that I have read and understood the current version of <a href="#">20.3.20 NMAC (Link)</a> rules that pertain to New Mexico Medical Imaging and Radiation Therapy licensure.	
2. I attest that I am aware I WILL be issued a new license. If I have become certified and registered in an additional modality that meets the requirements of one of the MIRT license types in New Mexico they will appear on the certificate and all duplicate certificates.	
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 <a href="#">20.3.20 NMAC (Link)</a> rules and that all information provided is true to the best of my knowledge.	

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