



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/>

Duplicate or Replacement Certificates of Licensure Application Form

Dear Applicant: *The Medical Imaging and Radiation Therapy Program (MIRTP) is accepting electronic payments with the option to submit completed application packets electronically. Please see MIRTP web page for additional details. Please complete this form electronically. An application packet is considered complete when ALL boxes in Section 7 of this application form have been checked.*

| Section 1 - General Information | | |
|---|--------|-----------------------------------|
| Application Date: | | MIRTP Registration Number: |
| Your MIRTP Registration number is a unique identification number that was assigned when you were issued any type of initial NM medical imaging or radiation therapy licensure and it will never change. It is NOT any of your NM medical imaging or radiation therapy LICENSE number(s). Your MIRTP Registration Number may be located on your current NM certificate of licensure, just above the signature located towards the bottom center of your current certificate. The MIRTP Registration Number may also be located by viewing the "List of Active NM Medical Imaging and Radiation Therapy Professionals" that appears after the application forms on the MIRTP web page: https://www.env.nm.gov/rcb/mirtp/ | | |
| Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Home Phone: | | Cell Phone: |
| Email Address: | | |
| Work Phone: | | Birth Date: |

This application form may be used to request additional original duplicate certificates of your current NM medical imaging or radiation therapy license.

This application form may also be used to replace your current NM medical imaging or radiation therapy license if you are requesting to add additional types of license(s) to your current NM medical imaging or radiation therapy certificate of licensure. For example, if you have an active NM radiography license, but meet the requirements for a NM non-ionizing medical imaging license or any type of medical imaging or radiation therapy license. The new or replaced NM certificate of licensure will then list all your active NM medical imaging or radiation therapy licenses. The replaced original NM medical imaging or radiation therapy certificate(s) of licensure must be publicly displayed at each place of employment.

| MIRTP OFFICE USE ONLY | | |
|--|---|--|
| MIRTP Registration number: | | |
| Current license expiration date: | | Duplicate certificates requested: |
| Additional NM license(s) issued: | | |
| Payment Method: Electronic Payment: | | |
| Postmark date: | Check or Money Order Payment Information | |
| | Check Date: | Check Number: |
| | | Check Amount: |

Section 2– Replacement of NM Medical Imaging or Radiation Therapy Certificate of Licensure

Please check this box if you are requesting a replacement of your current NM medical imaging certificate of licensure because you meet the requirements to be issued an additional NM medical imaging or radiation therapy license.

Section 3 - Active Credentialing Organization Information (Enter all ID numbers and Credentials that are applicable to you.)

American Registry for Diagnostic Medical Sonography (ARDMS) ID Number:

ARDMS Credentials:

American Registry of Magnetic Resonance Imaging Technologists (ARMRIT) ID Number:

ARMRIT Credentials:

American Registry of Radiologic Technologists (ARRT) ID Number:

ARRT Credentials:

Enter your Cardiovascular Credentialing International (CCI) ID Number:

CCI Credentials:

Enter your Nuclear Medicine Technologist Certification Board (NMTCB) ID Number:

NMTCB Credentials:

Section 4- Fee Schedule:

NM original duplicate or replacement certificate of licensure fee is \$15.00, which includes a \$10.00 application fee and the \$5.00 duplicate certificate or replacement certificate of license fee. The minimum payment amount due is \$15.00. The \$15.00 minimum fee amount includes 1 original certificate.

Fee Amounts:
\$ 15.00
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 procedures. Copies from your original certificate of licensure do not meet this rule requirement. If you need more than 1 original certificate, enter the number of additional certificates you are requesting in Box 2.

Box 2

Original certificates of licensure must be ordered from the MIRTTP. The cost for each additional original certificate of licensure is \$5.00. Please add \$5.00 for each additional certificate of licensure ordered and enter that total dollar amount in Box 3. If no additional certificates are requested place \$0.00 in Box 3. (For example: If you are requesting an additional 4 original certificates of licensure, the total amount you would enter in Box 3 is \$20.00).

Box 3

The total fee amount due will be the sum of Box 1 + Box 3.

(For Example: If you are requesting 4 additional original certificates, in addition to the 1 original certificate that is already included in Box 1, you would add the \$20.00 that you should have entered in Box 3 to the \$15.00 minimum fee amount that appears in Box 1, for a sum of \$35.00, which would be the total fee amount due and should be entered in Box 5. You will be sent a total of 5 original certificates, because one original certificate had already been included with the \$15.00 minimum fee amount due in Box 1.)

******* If you are paying fees electronically the total fee amount due will be calculated and appear in an invoice located on the Wells Fargo payment web page. Your email will serve as your login name when you visit the Wells Fargo online payment screen. After your application packet has been reviewed and approved by the MIRTTP, a link to the Wells Fargo payment web page will be sent to the email address that you entered in Section 1, please verify that it has been entered correctly and monitor your inbox. *******

Box 4

| Section 5 - Payment Method | | | |
|---|--|---|--|
| Check this box if you are paying electronically: | | DO NOT ENTER CREDIT CARD INFORMATION ON THIS APPLICATION. | |
| Check this box if you are paying by check or money order: | | Checks and money orders MUST be payable to "NMED" only or they will NOT be accepted. | |
| Enter check or money order date: | | Enter check or money order number: | |
| Enter check or money order amount: | | | |

| Section 6 - Applicant Acknowledgements and Complete Application Packet Check List | |
|---|--|
| Place a check mark next to each of the following items when completed: | |
| <p>1. A completed, signed, and dated application form. Please complete this form electronically and either submit a completed application packet electronically as an email attachment to stephen.sanchez@state.nm.us or by mail. Your original certificate(s) of licensure will be mailed to the address in Section 1.</p> <p style="color: red;">If you submit your application packet by email, please make sure that you get a reply within 3 business days from the date you sent the email, confirming receipt of your application packet. If there is a problem with the application form or supporting document(s), I will contact you by email, stating what the problem is, and how it may be corrected, so that your request may be processed. Your email address will serve as your login when you visit the Wells Fargo online payment screen. <u>After your application packet has been reviewed and approved by the MIRTP, a link to the Wells Fargo payment web page will be sent to the email address that you entered in Section 1, please verify that it has been entered correctly and monitor your inbox.</u></p> | |
| <p>2. A copy or scan of the front side of your current ARDMS, ARMRIT, ARRT, CCI and/or your current NMTCB wallet card, send a copy or scan of each wallet card that is applicable to you. Please do not copy or scan the back side of the wallet cards. Please try to copy or scan all the required supporting documents on one page, provided they all fit and are legible.</p> | |
| <p>3. Application packets that are submitted electronically must be paid electronically. If application packets are mailed, fees may be paid electronically (make sure you have selected this option in Section 5), by check, or by money order. Checks and money orders must be payable to "NMED" only. Fees submitted are non-refundable and non-transferrable. Fees submitted are non-refundable and non-transferrable. The MIRTP will assess a \$25.00 nonsufficient fund fee for each returned payment.</p> | |
| <p>4. Send completed application packets to: NMED-MIRTP, ATTENTION: Stephen Sanchez, P.O. 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.</p> <p style="color: red;">The MIRTP encourages all applicants to submit your completed application packet and pay all fees electronically.</p> | |

The MIRTP will not process your request if any of the boxes listed in Section 6 are NOT checked. Your application form must be SIGNED (typed signatures will not be accepted). Digital Signatures are acceptable.

Display of certificate of licensure. Original certificates of licensure shall be publicly displayed by the licensee at each place of employment. Place of employment means a location with its own physical address or separated by building structure regardless of ownership, company, nonprofit organization, or business name. Photocopying or other reproduction of a certificate of licensure is prohibited. All original certificate(s) of licensure must be obtained by the MIRTP.

| Section 7 – Signature and Date | |
|---|-------|
| 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: | DATE: |