



Medical Imaging & Radiation Therapy Program
 P.O. Box 5469
 Santa Fe, NM 87502-5469
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 stephen.sanchez@state.nm.us
<https://www.env.nm.gov/rcb/mirtp/>

License Renewal Application Form for Medical Imaging or Radiation Therapy

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 6 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 applied for initial NM medical imaging or radiation therapy licensure that will never change. <i>It is NOT any of your NM medical imaging or radiation therapy LICENSE number(s).</i> Your MIRTP Registration Number may be located on your current NM certificate of licensure just above the signature located at the bottom center of your certificate of licensure. 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.			
Name:			
Address:			
City:	State Abbreviation:	Zip Code:	
Home Phone:	Cell Phone:		
Email Address:			
Work Phone:	Birth Date:		

Section 2 - 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:

MIRTP OFFICE USE ONLY

MIRTP Registration number:	New coordinated expiration date:
Current license expiration date:	Duplicate certificates requested:
Additional NM license(s) issued:	
Payment Method: Electronic Payment:	
Postmark date:	<p align="center">Check or Money Order Payment Information</p> <p>Check Date: Check Number: Check Amount:</p>

Section 3 - Fee Schedule:	
NM biennium licensure fee is \$110.00, which includes a \$10.00 application fee and the \$100.00 biennium fee. The minimum payment amount due is \$110.00. Only one biennium fee is required, irrespective of the number of license types that the applicant is issued by the MIRTTP. The \$110.00 fee amount includes 1 certificate of licensure.	Fee Amounts: \$ 110.00 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
In addition to any other required fees, a license reinstatement fee of \$25.00 must be added if a licensee's license has expired. Enter \$25.00 in Box 4 if your license has expired. If your license has not expired enter \$0.00 in Box 4.	Box 4
<p>The total fee amount due will be the sum of Box 1 + Box 3 + Box 4.</p> <p>(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 \$110.00 minimum fee amount that appears in Box 1, for a sum of \$130.00, 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 \$110.00 minimum fee amount due in Box 1.) Please remember to add the \$25.00 reinstatement fee if your license has expired. Enter the total fee amount due in box 5.</p> <p>***** 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. <u>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.</u> *****</p>	Box 5

Section 4 - 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 5 – Coordination of your NM License Expiration Date to your birth month:
You may request to change your NM license expiration date to your birth month, so that your license will expire on the last day of your birth month, instead of the month your license currently expires. This option will reduce your renewed biennium period from 24 months to a one-time license term no less than 13 months or the birth month closest to your next current renewal expiration date. Please note that such reduction in licensure term shall NOT reduce the biennium license fee.

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 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>2. I have read and understood the current version of 20.3.20 NMAC, which are the rules that pertain to my NM medical imaging or radiation therapy license. These rules may be located on MIRPT web page. https://www.env.nm.gov/rcb/mirtp/</p>	
<p>3. 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 renewed certificate(s) of licensure will be mailed to the address in Section 1. 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>4. I am solely responsible for ensuring that I maintain a current license and that an original certificate of licensure is publicly displayed at each place of employment prior to performing any medical imaging or radiation therapy procedures. Photocopying or other reproduction of a certificate of licensure is prohibited. Original certificates of licensure may be obtained by completing the "Request for Duplicate or Replacement of Licensure" application form. It is recommended that duplicate original certificates of licensure be requested with this application to avoid paying an additional application fee at a later time.</p>	
<p>5. I attest that I am current with the CE requirements that have been established by the national credentialing or registering organization that was used to obtain my NM medical imaging or radiation therapy license. I understand that if the MIRTP is not able to electronically verify my current certification or registration status for any of the credentialing or registration organizations that were used to obtain my NM medical imaging or radiation therapy license, I may be subject to an audit by the MIRTP. If audited by the MIRTP, I must submit the audit information requested by the MIRTP within 30 days of receipt of the notification of audit and that my NM license will not be renewed until all fees and any requested audited information requested has been accepted by the MIRTP. An audit by the MIRTP does not extend the expiration date of the applicant's license expiration date and a reinstatement fee of \$25.00 will be assessed if any of the requested audit information requested by the MIRTP is received after the licensee's current license expiration date.</p>	
<p>6. 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 4), by check, or by money order. Checks and money orders must be payable to "NMED" only. Fees submitted are non-refundable and non-transferrable.</p>	
<p>7. 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. The MIRTP encourages all applicants to submit your completed application packet and pay all fees electronically.</p>	
<p>8. I am aware that I must remain active and in good standing with all the credentialing organizations that were used to renew my NM medical imaging or radiation therapy license or licenses. I agree to notify the MIRTP with any changes to my active status, which may include any disciplinary actions or probationary status, in any of the credentialing organizations used to renew my NM medical imaging or radiation therapy license or licenses.</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.*

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: