



## Medical Imaging & Radiation Therapy Program

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[New Mexico Environment Department](http://www.nmenvironment.org)

## Duplicate or Replacement Certificate Application

Dear Applicant: ***The Medical Imaging and Radiation Therapy Program (MIRTP) strongly encourages every application packet be submitted by email to [stephen.sanchez@state.nm.us](mailto:stephen.sanchez@state.nm.us) and all fees paid electronically.***

**Please type all required application fields and check all required check boxes that pertain to you. If you are unable to type any of the required application fields or the automated check boxes do not display the checkmark, you may print the application form and MANUALLY complete those application fields, by legibly writing in your responses or by manually placing a large "X" inside the check boxes that you select or that are required to be checked. Your certificate(s) of licensure will be mailed to the address in Section 1.**

### Section 1 - General Information

**Application Date:**

**MIRTP Registration Number:**

Your MIRTP REGISTRATON NUMBER is a unique 5-digit number, beginning in "0", that was assigned when you first applied for initial NM medical imaging or radiation therapy licensure, which will never change. ***It is NOT any of your NM medical imaging or radiation therapy LICENSE number(s), your license number will have letters in front of their number.*** Your MIRTP Registration Number may be located on your current NM certificate of licensure, above the signature located at the bottom center of your original certificate of licensure. The MIRTP Registration Number may also be located by viewing the "List of Active NM Medical Imaging and Radiation Therapy Professionals" located on the MIRTP web page. Click on the following link [New Mexico Environment Department](http://www.nmenvironment.org) to view the list, find your MIRTP Registration Number, and enter it in the above field.

**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, or may also be used to add an additional NM medical imaging or radiation therapy license offered by the MIRTP, provided you meet the necessary requirements. For example, if you have an active NM medical imaging or radiation therapy license, and have passed the exam from one of the recognized certifying and registering organizations, such as the ARDMS or ARRT, in a modality that meets the requirement of a NM medical imaging or radiation therapy license offered by the MIRTP. Also, it may be used to make a legal name change after you have changed your legal name with the MIRTP recognized certifying and credentialing organizations used to obtain my NM medical imaging or radiation therapy license(s).

**THE REMAINDER OF THE PAGE IS FOR MIRTP OFFICE USE ONLY – the MIRTP will complete the remainder of this page.**

**MIRTP Registration number:**

**New coordinated expiration date:**

**Current license expiration date:**

**Duplicate certificates requested:**

**Additional NM license(s) issued:**

**Electronic Payment Due:**

**Postmark or email date:**

### Check or Money Order Payment Information

**Check Date:**

**Check Number:**

**Check Amount:**

## Section 2– New Medical Imaging or Radiation Therapy Certificate of Licensure Request

By checking this box I attest that I have earned a new credential from a MIRTP approved recognized registering and certifying credentialing organization, and I am requesting a new type of license, of which I now meet that licensure requirements, be issued and added my current NM medical imaging or radiation therapy certificate(s) of licensure.

## 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 certificate of licensure fee is \$15.00, which includes a \$10.00 application fee and the \$5.00 fee for 1te 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 original certificates you are requesting in Box 2. **Do not include the 1 original certificate that has already been included in Box 1.**

Box 2

Original certificates of licensure must be ordered from the MIRTP. 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 original certificates are requested place \$0.00 in Box 3. (For example: If you are requesting an additional 4 original certificates of licensure, the total example 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 example amount of \$20.00 that was to be used in this example to be 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 example fee amount due for this example and should be entered in Box 4. You will be sent a total of 5 original certificates, because one original certificate has already been included with the \$15.00 minimum fee amount due in Box 1). Enter the total fee amount due in box 4.

**\*\*\*\*\* After your application packet has been reviewed and approved by the MIRTP, an invoice will be created, an email will be sent to the email address listed in Section 1 (that email address will be your Login ID). Please make sure it was entered correctly in Section 1, and please monitor your inbox and junk mail folders regularly. \*\*\*\*\***

If you would like to know more about how to pay your fees electronically please, [click here.](#)

Box 4

### Section 5 - Payment Method

Check this box if you are paying electronically:		<b>DO NOT ENTER CREDIT CARD INFORMATION ON THIS APPLICATION.</b>	
Check this box if you are paying by check or money order:		<b>Checks and money orders MUST be payable to "NMED", if not they will be returned.</b>	
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

**A check mark must appear in each of the following items:**

1. By checking the following box, I am aware that the MIRTP strongly encourages that every complete application packet be submitted by email. Completed application packets may still be sent by regular mail but may take longer to be processed. Fees that are paid by checks or money orders that were included with application packets that were sent by regular mail, may be deposited much earlier than the submitted application packet has been reviewed or processed. Deposited checks or money orders are not an indicator that application packets that have been sent by regular mail have been reviewed or processed. Checks and money orders that are received by regular mail will be deposited according to NM rules pertaining to the receipt of check or money order payments.

**Notice to All Applicants: *If you are unable to type any of the required information or check any of the required boxes you may print the application form and MANUALLY complete those parts of the application form that you are not able type or if the automated check marks do not appear in any of the required check boxes.***

If you submit your application packet by email, please make sure that you get a reply within 4 business days, excluding weekends and holidays, from the date you sent the email, confirming receipt of your application packet. After your application packet has been reviewed and approved by the MIRTP, a link to the 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 and junk mail folder.

2. By checking the following box, I attest that the spelling of my legal name is current and reflects any legal name changes for each of the MIRTP approved registering and certifying credentialing organizations that were used to obtain my current NM medical imaging or radiation therapy license(s).

## Section 6 - Applicant Acknowledgements and Complete Application Packet Check List (Continued from Page 3)

**A check mark must appear in each of the following items:**

3. By checking the following box, I attest that I will send a scan or a picture of the front side of my current ARDMS, ARMRT, ARRT, CCI and/or my current NMTCB wallet card; or, a scan or picture of my current credentials page from the verification section of all the approved MIRTP recognized registering and certifying credentialing organization's web site, which pertain to me.	
4. By checking the following box, I am aware that the spelling of my legal name will match the spelling that appears on the MIRTP recognized registering and certifying credentialing organizations used to obtain my NM medical imaging or radiation therapy license(s). If any legal name changes occurred after I was issued or renewed my NM medical imaging and radiation therapy license(s), I attest that I have already updated my legal name change with the MIRTP recognized registering and certifying credentialing organizations used to obtain my NM medical imaging or radiation therapy license(s), prior to submitting this application, so that the spelling of my name will match the MIRTP recognized registering and certifying credentialing organizations used to obtain my NM medical imaging or radiation therapy license(s).	
5. By checking the following box, 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, prior to performing any medical imaging or radiation therapy procedures. 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 the certifying and registering organizations that were used to obtain my NM medical imaging or radiation therapy license or licenses, which will meet NM MIRTP continuing education renewal requirements.	
6. By checking the following box I am aware that sending a completed application packet by regular mail is <b>strongly discouraged</b> ; however, if I absolutely need to submit a completed application packet by regular mail, I will send it to: <b>NMED-RCB-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.</b> <b>The MIRTP encourages all applicants to submit completed application packet by email and pay your fees electronically</b>	
7. By checking the following box, I am aware that application packets that are submitted by email, must be paid electronically. If application packets are sent by regular mail, fees may be paid electronically; <b>however, please make sure the box in Section 5, which indicates that you have selected this option is checked.</b> All fees paid by check or by money order must be made payable to "NMED", if not, they will be returned. Fees submitted are non-refundable and non-transferrable.	
8. By checking the following box, 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.	

***The MIRTP will not process your request if any of the boxes listed in Section 6 are NOT checked. If you are unable to type any of the required information or check any of the required boxes you may print the application form and MANUALLY complete those parts of the application form that you are not able type or if the automated check marks do not appear in any of the required check boxes.***