



Medical Imaging & Radiation Therapy Program
 P.O. Box 5469
 Santa Fe, NM 87502-5469
 Telephone (505) 476-8633
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New Mexico Environment Department

License Renewal Application Form for Medical Imaging or Radiation Therapy

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 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. <i>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.</i> 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 to view the list, find your MIRTP Registration Number, and enter it in the above field.					
Name:					
Address:					
City:		State Abbreviation:		Zip Code:	
Home Phone:			Cell Phone:		
Email Address:					
Work Phone:			Birth Date:		

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 emailed date:			Check or Money Order Payment Information		
		Check Date:		Check Number:	
				Check Amount:	

Section 2 - Active Registering and Certifying 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 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 original 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. Do not include the 1 certificate included with your biennium fee.	Box 2
Original certificates of licensure must be ordered from the MIRTTP. The cost for each additional original certificate of licensure is \$5.00. Add \$5.00 for each additional certificate of licensure 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 for expired licenses. 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
The total fee amount due will be the sum of Box 1 + Box 3 + Box 4. (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 \$110.00 minimum fee amount that appears in Box 1, for a sum of \$130.00, which would be the total fee amount due for this example and should be entered in Box 5. You will be sent a total of 5 original certificates, because one original certificate has already been included with the \$110.00 minimum fee amount due in Box 1). Enter the total fee amount due in box 5. ***** <u>After your application packet has been reviewed and approved by the MIRTTP, 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.</u> *****	Box 5
If you would like to know more about how to pay your fees electronically please, click here.	

Section 4 - Payment Method			
Check this box if you are paying electronically:	<input type="checkbox"/>	DO NOT ENTER CREDIT CARD INFORMATION ON THIS APPLICATION.	
Check this box if you are paying by check or money order:	<input type="checkbox"/>	Checks and money orders MUST be payable to "NMED", if not they will be returned.	
Enter check or money order date:	<input type="text"/>	Enter check or money order number:	<input type="text"/>
Enter check or money order amount:	<input type="text"/>		

Section 5 – Coordination of your NM License Expiration Date to your birth month:	
<p>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 this biennium period from 24 months to a one-time license term no less than 13 months or the birth month closest to the regular assigned biennium expiration date. Please note that such reduction in licensure term shall NOT reduce the biennium license fee. If the following box is checked and your expiration month is changed to your birth month, you will not be able to revert the expiration month back to the month in which it was changed.</p>	
Please check this box if you select to change your NM License Expiration Date:	<input type="checkbox"/>

Section 6 - Applicant Acknowledgements and Complete Application Packet Check List	
A check mark must appear in each of the following items:	
<p>1 By checking the following box, I am aware that the MIRTTP 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.</p> <p>Notice to All Applicants: <i>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.</i></p> <p style="color: red;">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. <u>After your application packet has been reviewed and approved by the MIRTTP, 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.</u></p>	<input type="checkbox"/>
<p>2. By checking the following box, I attest that I have read and understood the current version of 20.3.20 NMAC, the rules that pertain NM medical imaging or radiation therapy licensure. These rules are located on the New Mexico Environment Department web site at https://www.env.nm.gov .</p>	<input type="checkbox"/>

**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:

<p>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, ARMRIT, 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.</p>	
<p>4. 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 MIRTP approved registering and certifying credentialing 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.</p>	
<p>5. By checking the following box, I understand that if the MIRTP is not able to 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 current or last active NM 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. I agree to notify the MIRTP with any changes to my active status, which may include, but is not limited to any disciplinary actions or probationary status, in any of the MIRTP recognized certifying and credentialing organizations used to renew my NM medical imaging or radiation therapy license(s).</p>	
<p>6. 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; however, please make sure the box in Section 4, which indicates that you have selected this option is checked. 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.</p>	
<p>7. By checking the following box I am aware that sending a completed application packet by regular mail is strongly discouraged; however, if I absolutely need to submit a completed application packet by regular mail, I will send it to: 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. The MIRTP encourages all applicants to submit completed application packets by email and pay your fees electronically.</p>	
<p>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.</p>	

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.