



**Medical Imaging & Radiation Therapy Program (MIRTP)**  
**PO Box 5469 Santa Fe, NM 87502-5469**  
**Program Contacts: (505) 280-2790 | (505) 699-2027 | (505) 629-9761**  
**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 fill out 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.

**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**

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

**SECTION 2 - ACTIVE CERTIFICATIONS APPLYING FOR  
 CREDENTIALS MUST BE ATTACHED AND SENT WITH APPLICATION**

<b>ARDMS ID NUMBER</b>	
<b>ARRT ID NUMBER</b>	
<b>ARMRIT ID NUMBER</b>	
<b>CCI NUMBER</b>	
<b>NMTCB ID NUMBER</b>	

**INSTRUCTIONS FOR SUBMITTING APPLICATION AND PAYMENT  
 (All Fees are non-refundable and non-transferrable)**

<b>PREFERRED - Send by Email include attachments</b>	<b>NON-PREFERRED – MAIL-IN or WALK-IN</b>
Email: <a href="mailto:rcb.MIRTP@env.nm.gov">rcb.MIRTP@env.nm.gov</a>	NMED-RCB-MIRTP
<b>PAYMENT INSTRUCTIONS</b>	PO BOX 5469, Santa Fe, NM 87502-5469
<ul style="list-style-type: none"> <li>You will receive an email confirmation within 4-6 business days, excluding state holidays or closures.</li> <li>Upon application approval, you will receive an email with a link to the payment portal.</li> </ul>	Checks or money orders must be made payable to NMED. Do not staple or tape check to form.
<b>NOTE:</b> 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 for non-receipt.	Appointments for walk-in applicants are required. Must have a completed application packet and payment in the form of a check or money order payable to NMED.

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

SECTION 4 – ATTACHMENTS REQUIRED	
<p>1. <b>PDF</b> image of one of the following official government issued certified and unexpired identification:            (a) Driver’s License, or (b) Passport.</p> <p>2. <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)</p>	

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	