



Medical Imaging & Radiation Therapy Program
P.O. Box 5469
Santa Fe, NM 87502-5469
Telephone (505) 476-8633
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<https://www.env.nm.gov/rcb/mirtp/>

License Renewal Application Form for Medical Imaging or Radiation Therapy

Dear Applicant: **Please complete this form electronically before printing.** Processing time is typically within two (2) business days after a completed application packet has been received by the Medical Imaging and Radiation Therapy Program (MIRTP). **An application packet is considered complete when ALL boxes in Section 5 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. <u>It is NOT any of your NM medical imaging or radiation therapy LICENSE number(s).</u> 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:	
Check Date/No./Amount:	
Postmark date:	MIRTP date received stamp:

Section 3 - Fee Schedule:	
<p>NM biennium licensure fee is \$110.00, which includes a \$10.00 application fee and the \$100.00 biennium fee. The minimum payment amount to submit with this application is \$110.00. Only one biennium fee is required, irrespective of the number of license types that the applicant is issued by the MIRTP. The \$110.00 fee amount includes 1 certificate of licensure.</p>	Fee Amounts:
	<p>\$ 110.00</p> <p>Box 1</p>
<p>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 procedure. Copies from your original certificate of licensure do not meet this rule requirement. Original certificates of licensure must be ordered from the MIRTP and the cost for each additional original certificate of licensure is \$5.00. (For example: If you are requesting an additional 3 original certificates of licensure the total amount you would place in Box 2 would be \$15.00.) Please add \$5.00 for each additional certificate of licensure that is requested, enter that total dollar amount in Box 2. If no additional certificates are requested place \$0.00 in Box 2.</p>	<p>Box 2</p>
<p>In addition to any other required fees, a license reinstatement fee of \$25.00 must be submitted with a licensee's application packet if that licensee's license has expired. Enter \$25.00 in Box 3 if your application will be mailed or processed after your current license expiration date.</p>	<p>Box 3</p>
<p>The total fee amount due will be the sum of Box 1 + Box 2 + Box 3.</p> <p>(For Example: If you are requesting 3 additional certificates, you would add \$15.00 to \$110.00 for a sum of \$125.00. Also, include the \$25.00 reinstatement fee, if applicable) Please enter the total fee amount that you are including with this application in Box 4.</p>	<p>Box 4</p>

Section 4 – Coordination of NM License and National Credentialing Organization Expiration Date:	
<p>The applicant may request for coordination of their NM license expiration date, with their national credentialing organization expiration or valid thru expiration date. By agreeing to reduce their NM biennium period so that their NM expiration date will be changed to the last day of the month of their national credentialing organization's expiration, or valid thru date that is closest to their renewed NM biennium expiration date. Please note that such reduction in licensure term shall NOT reduce the biennium license fee.</p>	
<p>Please check this box if you select to change your NM License Expiration Date:</p>	

Section 5 - Applicant Acknowledgements and Complete Application Packet Check List

Place a check mark next to each of the following items when completed:

- | | |
|---|--|
| 1. A copy of the front side of your current ARDMS, ARMRIT, ARRT, CCI and/or your current NMTCB wallet card, send a copy of each wallet card that is applicable to you. Please do not copy the back side of the wallet cards. Please copy all the required supporting documents on one piece of paper, provided they all fit and are legible. | |
| 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. | |
| 3. A completed and signed application form. Please complete this form electronically before printing but remember to sign the form after it has been printed. It is acceptable if you would like to check this box with a pen after you have printed and signed this application form. | |
| 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. | |
| 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 I may be subject to an audit by the MIRTTP. If audited by the MIRTTP, I must submit the audit information requested by the MIRTTP 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 MIRTTP. An audit by the MIRTTP 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 MIRTTP is received after the licensee's current license expiration date. | |
| 6. A check or money order payable to "NMED" for the appropriate total fee amount. Fees submitted are non-refundable and non-transferrable. If the MIRTTP is unable to process the fees submitted by the applicant, then the name that licensee will be removed from the list of all NM medical imaging and radiation therapy professionals, which appears on the MIRTTP web page. The MIRTTP will assess a \$25.00 nonsufficient fund fee to that licensee. The licensee must submit payment to the MIRTTP in the form of a cashiers' check or money order. If you are unsure of the correct fee amount to submit, please call (505) 476-8633 for assistance with this matter. | |
| 7. Send the completed application packet to: NMED-MIRTTP, 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. | |
| 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 MIRTTP 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. | |

The MIRTTP will not process your request if any of the boxes listed in Section 5 are NOT checked or if the correct fee amount is not included within your application packet. Your application form must be SIGNED (typed signatures will not be accepted).

Section 6 – Signature

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: