



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

Duplicate or Replacement Certificates of Licensure Application Form

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 7 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 were issued any type of initial NM medical imaging or radiation therapy licensure and it will never change. It is NOT any of your NM medical imaging or radiation therapy LICENSE number(s). Your MIRTP Registration Number may be located on your NM certificate of licensure just above the signature located towards the bottom center of your current certificate. 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:	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.

This application form may also be used to replace your current NM medical imaging or radiation therapy license if you are requesting to add additional types of license(s) to your current NM medical imaging or radiation therapy license. For example, if you have an active NM radiography license, but meet the requirements for a NM non-ionizing medical imaging license or any type of medical imaging or radiation therapy license. The new or replaced NM certificate of licensure will then list all your active NM medical imaging or radiation therapy licenses. The replaced original NM medical imaging or radiation therapy certificate of licensure must be publicly displayed at each place of employment.

MIRTP OFFICE USE ONLY	
MIRTP Registration number:	New coordinated expiration date:
Check date:	Postmark date:
Check number:	MIRTP date received stamp:
Check amount:	
License(s) issued:	
Duplicate certificates requested:	
Current license expiration date:	
Notes:	

**Section 2 – Duplicate Request of NM Medical Imaging or Radiation Therapy
Certificate of Licensure**

Please check this box if you are requesting original duplicate certificates of licensure of your current NM medical imaging or radiation therapy license.

**Section 3– Replacement of NM Medical Imaging or Radiation Therapy
Certificate of Licensure**

Please check this box if you are requesting a replacement of your current NM medical imaging certificate of licensure because you meet the requirements to be issued an additional NM medical imaging or radiation therapy license.

**Section 4 - 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 5- Fee Schedule:

NM original duplicate or replacement certificate of licensure fee is \$15.00, which includes a \$10.00 application fee and the \$5.00 duplicate certificate or replacement certificate of license fee. The minimum payment amount to submit with this application is \$15.00. The \$15.00 minimum fee amount includes 1 original duplicate 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 procedure. Copies from your original certificate of licensure do not meet this rule requirement. Original duplicate certificate of licensure must be ordered from the MIRTTP and the cost for each additional original duplicate certificate of licensure is \$5.00. (For example: If you are requesting an additional 5 original certificates of licensure the total amount you would place in Box 2 is \$25.00.) Please add \$5.00 for each additional certificate of licensure that is requested and enter that total amount in Box 2. If no additional certificates are requested place \$0.00 in Box 2.

Box 2

The total fee amount due will be the sum of Box 1 + Box 2.

(For Example: If you are requesting 5 additional certificates, you would add \$25.00 to \$15.00 for a sum of \$30.00.) Please enter the total fee amount that you are including with this application in Box 3.

Box 3

**Section 6 – Coordination of NM License and National Credentialing Organization
Expiration Date:**

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 current NM biennium expiration date. Please note that such reduction in licensure term shall NOT reduce the biennium license fee.

Please check this box if you select to change your NM License Expiration Date:

Section 7 – Complete Application Packet Check List

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

1. 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.

2. 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.

3. 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.

4. 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.**

The MIRTTP will not process your request if any of the boxes listed in Section 7 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).

PLEASE DO NOT STAPLE OR TAPE CHECKS OR MONEY ORDERS TO THIS APPLICATION FORM.
PLEASE DO NOT STAPLE APPLICATION FORM.

Display of certificate of licensure. Original certificates of licensure shall be publicly displayed by the licensee at each place of employment. Place of employment means a location with its own physical address or separated by building structure regardless of ownership, company, nonprofit organization, or business name. Photocopying or other reproduction of a certificate of licensure is prohibited. All duplicate certificate of licensure or replacement of certificate of licensure must be obtained by submitting a duplicate certificate of licensure or replacement certificate of licensure application and required fee to the MIRTTP.

Section 8 – 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: