

- | | |
|--|-------------|
| <input type="checkbox"/> Resident Physician | Date: _____ |
| Specify type of residency: _____ | |
| <input type="checkbox"/> Physician Assistant Student | Date: _____ |
| <input type="checkbox"/> Nurse Practitioner Student | Date: _____ |
| <input type="checkbox"/> Nurse Midwifery Student | Date: _____ |
| <input type="checkbox"/> EMT-Paramedic Student | Date: _____ |
| <input type="checkbox"/> Dental Student | Date: _____ |
| <input type="checkbox"/> Dental Hygiene Student | Date: _____ |

B. Educational Institution Presently Attending or Accepted.

Name of School: _____
Program of Study: _____
Type of Degree/Certificate Expected: _____
Expected Date of Program Completion: _____

C. Academic History of the Last Three (3) Years of Education/Training:

High School

Name of Institution: _____
City, State, Zip: _____
Date Graduated: _____

College/Advanced Training/EMT Intermediate Training Certificate

Name of Institution: _____
City, State, Zip: _____
Dates of Attendance: _____
Degree/Certificate Attained: ☐ No ☐ Yes, when: _____

College/Advanced Training/Graduate/Medical School Degree/Dental School

Name of Institution: _____
City, State, Zip: _____
Degree/Certificate Attained: ☐ No ☐ Yes, when: _____

D. Submit official transcripts via physical mail or hand delivered. MDs and DOs must also submit a copy of their degree and medical license. EMT-Paramedics must also provide an official copy of EMT-Basic/Intermediate Certification.

3. EMPLOYMENT AND VOLUNTEER ACTIVITIES

Use **Appendix A** or attach a resume/CV that highlights your work and/or volunteer experience and activities relevant to serving populations in rural, underserved communities or practice sites within New Mexico.

4. SELF-RECOMMENDATION

Using **Appendix B**, please describe your desire and commitment to serve as a health care professional in a rural, underserved area of New Mexico. This essay will assist the NMHSC Advisory Committee fully evaluate your application. **Note:** The essay should be typed (**not handwritten**) and no longer than 500 words.

5. RECOMMENDATION LETTERS

List the names of three (3) references who are not related to you and can evaluate your academic and/or professional abilities and interest in working in rural areas. Use **Appendix C** to provide to your listed recommenders.

1. Name: _____
Title: _____
Relationship to Applicant: _____

Place of Employment: _____
Phone Number: _____ Email Address: _____

2. Name: _____
Title: _____
Relationship to Applicant: _____
Place of Employment: _____
Phone Number: _____ Email Address: _____

3. Name: _____
Title: _____
Relationship to Applicant: _____
Place of Employment: _____
Phone Number: _____ Email Address: _____

6. ACKNOWLEDGEMENT – REQUIREMENTS & PRACTICE SITE

☐ I have carefully read the *NMHSC Stipend Program and Requirements* document in its entirety and understand program eligibility, expectations, and how to submit my application.

If awarded a stipend, understand and acknowledge the following:

☐ I must contact the NMHSC Program Coordinator immediately after receiving my degree. I will provide a copy of my earned degree.

☐ I must use and contact New Mexico Health Resources (NMHR), which assist participants in finding employment at a practice site in a rural and medically underserved area in New Mexico. Practice sites through NMHR are DOH/NMHSC-approved sites.

☐ Once I have secured employment at a DOH/NMHSC-approved site, I am required to submit Reporting Hours to the NMHSC Program Coordinator on either a bi-weekly or monthly basis.

☐ If no position can be found 90 days after licensure, I must contact the NMHSC Program Coordinator immediately as I will be at risk of having to pay back the stipend with a possible penalty of 3 times the amount of the stipend and up to 18% interest per year.

7. ATTESTATION

I, _____, attest that all information provided by me are true and correct to the best of my knowledge. I understand that any false or misleading information may result in the denial of my application and/or stipend award. I understand and acknowledge that the NMHSC Stipend Program is highly competitive, and selection of recipients is based on available funds. I authorize verification of all information provided.

Signature: _____

Date: _____

APPENDIX A
Employment and Volunteer Activities

Describe experiences and activities that may be relevant to working with population served in the rural communities or practice sites within New Mexico.

| | | | |
|------------------------------|---|---------------------------|--|
| Practice Site: | | | |
| Check one: | <input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Rotation | | |
| Length of Service: | | Number of Hours Per Week: | |
| Job Title: | | | |
| Brief Description of Duties: | | | |

| | | | |
|------------------------------|---|---------------------------|--|
| Practice Site: | | | |
| Check one: | <input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Rotation | | |
| Length of Service: | | Number of Hours Per Week: | |
| Job Title: | | | |
| Brief Description of Duties: | | | |

| | | | |
|------------------------------|---|---------------------------|--|
| Practice Site: | | | |
| Check one: | <input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Rotation | | |
| Length of Service: | | Number of Hours Per Week: | |
| Job Title: | | | |
| Brief Description of Duties: | | | |

| | | | |
|------------------------------|---|---------------------------|--|
| Practice Site: | | | |
| Check one: | <input type="checkbox"/> Paid Position <input type="checkbox"/> Volunteer <input type="checkbox"/> Student Rotation | | |
| Length of Service: | | Number of Hours Per Week: | |
| Job Title: | | | |
| Brief Description of Duties: | | | |

APPENDIX B

Self-Recommendation

Patients often need health care providers to better understand them as a whole person. This is especially important for individuals living in rural areas of New Mexico who need access to care.

Please describe your desire and commitment to serving as a health care professional in a rural area of New Mexico. Additionally, share an experience in which you contributed to the well-being of a rural, underserved community, and explain the impact or result of your contribution.

Your essay will assist the NMHSC Advisory Committee in fully evaluating your application. **Note:** The essay should be typed (**not handwritten**) and no longer than 500 words.

Appendix C

Recommendation Letters

Note: The applicant is responsible for ensuring that recommendation letters are completed and emailed to the NMHSC Program Coordinator by the application deadline.

Recommendations should be from individuals who are familiar with the applicant's professional, community, and/or civic activities, especially those related to rural communities. Letters should be from:

1. The department chair, faculty advisor, or a faculty member of that academic program who can attest to the applicant's qualifications; and/or
2. An employer or previous employer, community leader, colleague, or anyone who has knowledge of the applicant's interest and motivation to provide health care services in rural communities.

Recommenders must include the following in the letter:

1. Their relationship with the applicant (e.g., faculty, advisor employer).
2. How long have they known the applicant.
3. A description of the applicant's performance in school/work.
4. A description of the applicant's education/work achievements.
5. A description of the applicant's community/civic or other non-academic achievements.
6. The applicant's interest, motivation, and commitment to working in a rural area in New Mexico.
7. The applicant's ability to work and communicate constructively with others from diverse backgrounds.
8. The applicant's potential to complete professional training.
9. The recommender's support (or lack thereof) of the applicant for a NM Health Service Corps stipend award.

The recommendation letter must also include:

1. Recommender's handwritten or certificate-based digital ID signature.
2. Be on the institution or organization's letterhead, complete with direct phone number and email address.

How to Submit:

Recommenders must send their letter directly **via email** to the NMHSC Program Coordinator at Eleanor.Dominguez@doh.nm.gov with Subject Line: NMHSC Recommendation Letter – (Name of Applicant).

If the above requirements are not met, the applicant will be deemed ineligible.