New Mexico Health Service Corps
Stipend Application

Application Deadline: September 11, 2026 at 3 PM MT

Applicants must have carefully reviewed the NMHSC Stipend Program and Requirements document and understand expectations before applying.

Important Note: If you are currently serving a commitment with a Federal Agency, such as the National Health Service Corps or Indian Health Service, you are not eligible for the NMHSC Program due to program provisions.

All sections must be complete.

APPLICANT ELIGIBLITY

Check One:

☐ I am a New Applicant

☐ I am Returning/Renewing – Enter the date you received the last stipend:

Both Must be Checked:

☐ I am a U.S. Citizen or Permanent Resident

☐ I am a New Mexico Resident (Copy of New Mexico Real ID is required with the application)

PERSONAL INFORMATION

First Name:
Last Name:
Middle Initial:

Permanent Address:
Mailing Address (if different from Permanent Address):

Phone Number (provide a number that you are available Monday through Friday between 8:00 am-5:00 pm MT):

- Mobile/Cell:
- Work:
- Other:

Personal Email Address (provide an email address that you regularly check):

FIELD OF STUDY AND ACADEMIC HISTORY

Indicate your field of study and date you were accepted into the program

☐ Resident Physician; Date Accepted: - Specify type of residency:
☐ Physician Assistant Student; Date Accepted:
☐ Nurse Practitioner Student; Date Accepted:
☐ Nurse Midwifery Student; Date Accepted:
☐ EMT-Paramedic Student; Date Accepted:
☐ Dental Student; Date Accepted:
☐ Dental Hygiene Student; Date Accepted:

Educational Institution Presently Attending or Accepted
Name of School:
Program of Study:
Expected Degree or Certificate:
Expected Date of Program Completion:

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 or Certificate Attained: ☐ No ☐ Yes, when:

College/Advanced Training/Graduate/Medical School Degree/Dental School
Name of Institution:
City, State, Zip:
Date Graduated:
Degree or Certificate Attained: ☐ No ☐ Yes, when:

Note: Applicants must submit official transcripts with their application. EMT-Paramedics must also provide an official copy of EMT-Basic/Intermediate Certification.

EMPLOYMENT AND VOLUNTEER ACTIVITIES

All Applicants - 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.

SELF-RECOMMENDATION

New Applicants Only - 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.

RECOMMENDATION LETTERS

New Applicants Only - 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.

First Reference Name:
Title:
Relationship to Applicant:
Place of Employment:

Phone Number:
Email Address:

Second Reference Name:
Title:
Relationship to Applicant:
Place of Employment:
Phone Number:
Email Address:

Third Reference Name:
Title:
Relationship to Applicant:
Place of Employment:
Phone Number:
Email Address:

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. Note: MDs and DOs must also submit a copy of their medical license.

☐ 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.

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 and Date:

Signature and date must be either wet signature or the type of digital signature that prints with time and date stamp. A "copy and paste" signature or "typed in" signature are not accepted.

APPENDIX A

Employment and Volunteer Activities

You may use this form 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.

Practice Site:
Check one: ☐Paid Position ☐Volunteer ☐Student Rotation
Length of Service: Number of Hours per Week:
Job Title:
Brief Description of Duties:

Practice Site:
Check one: ☐Paid Position ☐Volunteer ☐Student Rotation
Length of Service: Number of Hours per Week:
Job Title:
Brief Description of Duties:

Practice Site:
Check one: ☐Paid Position ☐Volunteer ☐Student Rotation
Length of Service: Number of Hours per Week:
Job Title:
Brief Description of Duties:

Practice Site:
Check one: ☐Paid Position ☐Volunteer ☐Student Rotation
Length of Service: Number of Hours per Week:
Job Title:
Brief Description of Duties:

Practice Site:
Check one: ☐Paid Position ☐Volunteer ☐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.