New Mexico Health Service Corps
Stipend Application

Deadline for application submital is 5:00 PM Apri 29, 2017.

If you have a service commitment to a federal agency, such as the National Health Service Corps, Indian Health Service, or other federal program, you will not be eligible for the New Mexico Health Service Corps due to their program provisions.

1. IDENTIFYING DATA

A. Name: _____
Last First MI

B. Permanent Address: _____

_____

C. Mailing Address: _____

_____

D. Contact Numbers:

a. _____ (Cell)

b. _____ (Home)

c. _____ (Other – 8:00 a.m. to 5:00 p.m. Monday to Friday)

E. E-Mail Address: _____

F. Social Security Number: _____

G. Date of Birth: _____

H. What's the longest period of time you've lived in New Mexico? _____

I. New Applicant? ◯ Yes ◯ Renewal When? _____

J. ***Optional Information ONLY***: Should you choose to provide it, the following is optional information that will be helpful to the NM Health Service Corps in evaluating its program:

K. Gender: ◯ Female ◯ Male

Check the response that most accurately reflects your racial/ethnic background:

1. ◯ African American/Black
2. ◯ American Indian or Alaskan Native
3. ◯ Asian or Pacific Islander
4. ◯ Latino/Hispanic
5. ◯ White/Non-Hispanic
6. ◯ Other, please specify_____

2. CAREER CHOICE AND EDUCATION

A. Field of Study and Degree. Indicate your field of study and date you were accepted into the program.

1. ◯ Resident Physician ..... Date: _____
   (Specify type of residency)
2. ◯ Physician Assistant Student ……. Date: _____
3. ◯ Nurse Practitioner Student …… Date: _____
4. ◯ Nurse Midwifery Student …….. Date: _____
5. ◯ EMT-Paramedic Student ……. Date: _____
6. ◯ Dental Student ……. Date: _____
7. ◯ Dental Hygiene Student …….. Date: _____

B. Educational Institution Presently Attending:

Name of School: _____

Division, Branch, or Program of Study:_____

Type of Degree/Certification Expected:_____

Expected Date of Program Completion:_____

C. Eligible Communities or Practice Sties:

If you receive a NMHSC Stipend, you enter into contract with the Department of Health to provide, once licenced, health service for a minimum of two years (and 1600 hours a year) in an approved, medically underserved area of New Mexico. If you have a special interest or connection with a rural community in New Mexico where you would like to serve after becoming licensed, please indicate those preferences below.

1st choice:

Site location in County and/or City: _____

_____

Reason for selection: _____

_____

2nd choice:

Site location in County and/or City: _____

_____

Reason for selection: _____

_____

When you are licensed, every effort will be made to assist you with obtaining a position in an approved practice site in the area you prefer. ***However, if within a reasonable amount of time after licensure, no position can be found in your preferred areas, you may have to choose from other approved areas or pay back the stipend with a possible penalty of 3 times the amount of the stipend and up to 18% interest per year.***

D. Official transcripts of your last three (3) years of education/training must be included as part of the stipend application, except for MDs and DOs, who must send a copy of their degree and license.

Academic History (Please complete all that apply):

High School:

Name of Institution: _____

City/State: _____

Date graduated: _____

College/Advanced Training/EMT Intermediate Training Certificate:

Name of Institution: _____

City/State: _____

Dates of attendance: _____

Degree/Certification attained: ◯ No ◯ Yes If Yes, What? _____

College/Advanced training/Graduate/Medical School Degree/Dental School:

Name of Institution: _____

City/State: _____

Degree/Certification Attained: ◯ No ◯ Yes If Yes, What? _____

3. EMPLOYMENT AND VOLUNTEER ACTIVITIES

Describe experiences and activities that may be relevant to working with population served in the eligible communities or practice sites within New Mexico. You may copy this form and/or attach a resume or curriculum vita that includes the following information for each work or volunteer experience.

Practice Site: _____

Check one: ◯ Paid Position ◯ Volunteer ◯ Student Rotation

Length of Service: _____ Number of Hours per week? _____

Your job title: _____

Description of duties: (NOTE: Text will wrap as you type)

EMPLOYMENT AND VOLUNTEER ACTIVITIES Continued

Practice Site: _____

Check one: ◯ Paid Position ◯ Volunteer ◯ Student Rotation

Length of Service: _____ Number of Hours per week? _____

Your job title: _____

Description of duties:

4. SELF RECOMMENDATION

Using this page and the space below, please type a statement describing your background, career goals, and link those to your desire to serve as a health care professional in underserved areas of New Mexico. Also, please include an explanation about how you would benefit from the receipt of stipend funds and why the stipend should be given to you and not another candidate. This essay will allow the NMHSC to fully evaluate your application and counts as 33% of your overall rating during assesment . **NOTE: Text will wrap automatically, 4500 characters maximum.**

5. List the names of three (3) references who are not related to you and who can evaluate your academic and/or professional ability and/or interest in working in underserved areas. **APPLICANTS ARE RESPONSIBLE FOR DELIVERING THE REFERENCE REPORT FORMS TO THE REFERENCES LISTED AND ENSURING THAT REFERENCE REPORTS COMPLETE ARE RETURNED TO THE New Mexico Health Service Corps AT THE ADDRESS GIVEN ON PAGE 6.**

REFERENCES:

1. Name/Title: _____

Relationship to applicant: _____

Place of Employment: _____

Phone Number: _____ E-Mail Address: _____

2. Name/Title: _____

Relationship to applicant: _____

Place of Employment: _____

Phone Number: _____ E-Mail Address: _____

3. Name/Title: _____

Relationship to applicant: _____

Place of Employment: _____

Phone Number: _____ E-Mail Address: _____

6. CERTIFICATION

This application MUST be signed, dated and emailed to the address below. Unsigned and incomplete applications will be regard as incomplete and will NOT be processed. False or misleading information may be grounds for denial of a stipend award.[1]

I, _____, certify that all questions and information provided by me on the NMHSC Stipend Application are true and correct to the best of my knowledge and belief. I also authorize verification of all information provided.[2]

Signature: _____ Date: _____

E-MAIL APPLICATIONS TO roxanne.konst1@state.nm.us
TRANSCRIPTS, AND REFERENCE REPORT FORMS MUST BE SENT IN HARD COPY WITH ORIGINAL SIGNATURES DIRECTLY TO:

Roxanne Konst, Program Coordinator
NM Health Service Corps
NM Department of Health/Office of Primary Care/Rural Health
300 San Mateo NE – Suite 900
Albuquerque, New Mexico 87108

FOR CONSIDERATION, ALL COMPONENTS OF APPLICATION MUST BE RECEIVED BY 5:00 PM, APRIL 29, 2017.

If you have questions please contact:
E-Mail: roxanne.konst1@state.nm.us
Phone: 505 - 841-5867
Fax: 505 - 222- 8675

[1] If you believe you have a disability as defined by the Americans with Disability Act, and require a reasonable accommodation to participate in the Corps, please submit a request for accommodation with supporting documentation attached to this application.

[2] All information pertaining to the New Mexico Health Service Corps will be maintained at the NM Department of Health, Office of Primary Care/Rural Health, 300 San Mateo NE, Suite 900, Albuquerque, NM 87108. This information is confidential and will be used for selection of stipend recipients and monitoring their progress.