



New Mexico Health Service Corps STIPEND REFERENCE REPORT

INSTRUCTIONS:

- This is an interactive PDF so you can type responses in the appropriate fields. Use the tab key to move between fields. **Please save this document to desktop, print, sign and mail.**
- **Applicant must complete Section #1 ONLY.**
- If you do NOT wish to recommend this applicant for a stipend, please complete Section #5 and return to the Office of Primary Care/Rural Health at the enclosed address.
- All reference reports must be signed and returned directly to the enclosed address. E-mail reference reports will not be accepted.
- If you have questions regarding this form, please contact Roxanne Konst, Program Coordinator for the NMHSC.
- **All Reference Reports are due into the NM Health Service Corps Office NO LATER THAN 5:00 PM MDT, July 16, 2018.**

SECTION I – APPLICANT

Date: _____

Applicant’s Name:

Applicant’s Phone Number:

SECTION 2 – REFERENCE IDENTIFY DATA

The individual whose name appears above has applied for a New Mexico Health Service Corps stipend. You have been listed by the applicant as a person who is not a relative and who is in a position to comment on the applicant’s academic and/or professional ability.

Reference Name:

Title Position:

Organization and Department:

Address:

Phone No: _____ E-Mail address: _____

SECTION 3 – INFORMATION ABOUT APPLICANT

A. How long have you known the applicant?

B. In what capacity have you known the applicant?

Previous Employer/Supervisor

Professor and/or other academic training official

C. What do you consider to be the applicant's strongest characteristics? Text will wrap.

D. What do you consider to be the applicant's weakest characteristics? Text will wrap.

E. If the applicant is awarded a stipend, completes his/her professional studies, and obtains licensure certification, the stipend recipient will be required to serve two years in a medically underserved rural area of New Mexico. How would you rate the applicant's commitment, aptitude and sensitivity to working in these areas? *Click in appropriate button.*

Below Average

Average

Above Average

Outstanding

Please comment on your rating. Text will wrap.

F. Overall, how would you rate the applicant's potential to complete professional training?
Poor Potential Average Potential Above Average Potential Outstanding

Please comment on your rating.

SECTION 4 – CERTIFICATION

I certify that all information provided by me in this Reference Report is true and correct to the best of my knowledge and I hereby recommend _____ for the New Mexico Health Service Corps stipend award. (Print name of applicant)

Signature: _____ Date: _____

SECTION 5 – NON-RECOMMENDATION

I do not wish to complete an Applicant Reference Report on:

(Print name of applicant)

Signature: _____ Date: _____

**Reference Report forms must be mailed in
HARD COPY FORMAT with ORIGINAL SIGNATURE directly to the
address below. DOCUMENTS MUST ARRIVE BY July 15, 2018.**

**Roxanne Konst, Program Coordinator
New Mexico Health Service Corps
Office of Primary Care and Rural
Health 300 San Mateo NE, Suite 900
Albuquerque, New Mexico 87108**

**Questions or problems with forms?
Please email or call:
Phone Number: 505-841-5867
Fax Number: 505-222-8675
E-mail address:
roxanne.konst1@state.nm.us**