



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary Designate

New Mexico Health Service Corps Reference Report Form

Instructions

This is an interactive PDF. Please type responses in the appropriate fields.

For Applicant: Please complete SECTION 1 ONLY.

For Reference:

- Please complete SECTION 2 through 4.
- All Reference Reports must be signed and emailed to: Eleanor.Dominguez@doh.nm.gov
- Reference Reports are due **no later than 5 PM MT, September 1, 2023.**
- If you do not wish to recommend this applicant for a stipend, please complete SECTION 5 ONLY and return by email to: Eleanor.Dominguez@doh.nm.gov

SECTION 1 – 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: _____

Email Address: _____

SECTION 3 – INFORMATION ABOUT APPLICANT

How long have you known the applicant? _____

In what capacity, have you known the applicant?

- Previous Employer/Supervisor
- Professor and/or other academic training official

What do you consider to be the applicant’s strongest characteristics?

PUBLIC HEALTH DIVISION

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What do you consider to be the applicant's weakest characteristics?

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 (2) 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?

Below Average Average Above Average Outstanding

Please comment on your rating.

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: _____



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SECTION 5 – NON-RECOMMENDATION

I do not wish to complete an Applicant Reference Report on _____.
(Print name of applicant)

Signature: _____ Date: _____

SUBMITTING REFERENCE FORM

Reference Report Forms must be EMAILED with original signature directly to: Eleanor.Dominguez@doh.nm.gov

Reference Report Forms MUST arrive by 5 PM MT on September 1, 2023.

If you have any questions, please email the Eleanor Dominguez at Eleanor.Dominguez@doh.nm.gov or call at (505) 288-1847.