

## New Mexico Health Service Corps Stipend Application

Application Deadline: September 6, 2024 at 3 PM MT.

Please read before applying: 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 are <u>not</u> eligible for the New Mexico Health Service Corps (NMHSC) due to program provisions.

ALL sections must be complete.

☐ Asian or Pacific Islander

<b>.</b>	IDENTIF	DENTIFYING DATA							
	Name:								
	Ī	Last		First		MI			
	Permanen	nt Address:							
	Mailing A	Address:							
	Contact Numbers:  1 Cell 2 Home 3 Other - 8:00 am to 5:00 pm Monday to Friday								
	Email Address:  Date of Birth:  What's the longest period of time you have lived in New Mexico?								
		New Applicant? □ Yes Renewal? □ Yes, when?							
			otional informa ose to provide i		helpful to the N	MHSC in evaluating			
	Gender:	☐ Female	☐ Male						
	Dagia1/E41	hmia Daalraassa							
		Racial/Ethnic Background:  African American/Black  Latino(a)/Hispanic							
				☐ Latino(a)/Hispanic					
☐ American Indian or Alaskan Native				☐ White/Non-Hispanic					

 $\square$  Other, please specify:



## 2. CAREER CHOICE AND EDUCATION

A. Field of Study and Degree. Indic the program.	Field of Study and Degree. Indicate your field of study and date you were accepted into the program.				
☐ Resident Physician Specify type of residency:	Date:				
☐ Physician Assistant Student	Date:				
☐ Nurse Practitioner Student	Date:				
☐ Nurse Midwifery Student	Date:				
☐ EMT-Paramedic Student	Date:				
☐ Dental Student	Date:				
☐ Dental Hygiene Student	Date:				
B. Educational Institution Presently Attending					
Name of School:  Program of Study:					
Type of Degree/Certificate Expected	1:				
Expected Date of Program Completi					
C. Eligible Practice Sites					
☐ I understand that I must contact New Mexico Health Resources (NMHR) who assist NMHSC participants in finding a position at an approved, rural practice site. Location sites that are found through NMHR are automatically DOH-approved by NMHSC.					
$\square$ I understand and acknowledge that if no position can be found after 90 days after licensure, NMHSC participants will have to pay back the stipend with a possible penalty of 3 times the amount of the stipend <u>and</u> 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. Please complete the academic history that apply below:					
High School					
<u></u>					
Date Graduated:					

**College/Advanced Training/EMT Intermediate Training Certificate** 



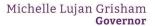


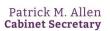
**3.** 

Name of Institution:						
City State 7in						
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:						
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. You may use this form 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:						
Job Title:						
Description of Duties:						
Practice Site:						
Check one:   Paid Position   Volunteer   Student Rotation						
Length of Service: Number of Hours Per Week:						
Job Title:						
Description of Duties:						

## 4. SELF-RECOMMENDATION

We know that patients often need health care providers to better understand them as a whole person. This is particularly important among those living in rural areas of New Mexico needing to receive care.







Please describe your desire and commitment to serve as a health care professional in a rural area of New Mexico. Please also describe an experience in which you have contributed to the well-being of a rural, underserved community and the impact/result of your contribution.

RE	EFERENCES	
Lis	st the names of three (3) references	
Lis	st the names of three (3) references	who are not related to you and who can evaluate yo and/or interest in working in rural areas.
Lis aca	st the names of three (3) references ademic and/or professional ability a	
Lis	st the names of three (3) references ademic and/or professional ability a	
Lis aca	st the names of three (3) references ademic and/or professional ability at Name:  Title:	and/or interest in working in rural areas.
Lis aca	Name: Title: Relationship to Applicant:	and/or interest in working in rural areas.
Lis aca	Name: Title: Relationship to Applicant: Place of Employment:	and/or interest in working in rural areas.
Lis aca	Name: Title: Relationship to Applicant: Place of Employment:	and/or interest in working in rural areas.
Lis aca 1.	Name: Title: Relationship to Applicant: Place of Employment: Phone Number:	and/or interest in working in rural areas.  Email Address:
Lis aca 1.	Name: Place of Employment: Phone Number:  Name: Name: Place of Employment: Phone Number:	Email Address:
Lis aca	Name: Title: Relationship to Applicant: Place of Employment: Phone Number:	Email Address:



Patrick M. Allen **Cabinet Secretary** 

		Phone Number:	Email Address:		
	3.	Relationship to Applicant: Place of Employment:			
		Phone Number:	Email Address:		
	LE		SIBLE FOR ENSURING THAT RECOMMENDATION D AND SUBMITTED TO THE NMHSC PROGRAM		
6.	SEI	LF-CERTIFICATION			
	This application MUST be signed, dated, and emailed to the address below. Unsigned and incomplete applications will be regarded as incomplete and will <b>NOT</b> be processed. False or misleading information may be grounds for denial of a stipend award. <sup>1</sup>				
	I,, certify that all questions and inforby me on the NMHSC Stipend Application are true and correct to the best and belief. I also authorize verification of all information provided. <sup>2</sup>		, certify that all questions and information provided Application are true and correct to the best of my knowledge fication of all information provided. <sup>2</sup>		
	Sign	nature:	Date:		
3:0 dea	<b>00 P</b> I adlin	MMT on September 6, 20	o ensure all required supporting documents are received by <b>24</b> . Failure to submit a complete application package by the <b>ineligible</b> , and they will not be considered for a NMHSC		
acc	ommo		efined by the Americans with Disability Act and require a reasonable ISC, please submit a request for accommodation with supporting 1.		

<sup>&</sup>lt;sup>2</sup> All information pertaining to the NMHSC will be maintained at the NM Department of Health, Office of Primary Care and Rural Health, 5300 Homestead Rd. NE, Suite 100, Albuquerque, NM 87110. This information is confidential and will be used for selection of stipend recipients and monitoring their progress.