



Michelle Lujan Grisham
Governor

Patrick M. Allen
Cabinet Secretary

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 **not** eligible for the New Mexico Health Service Corps (NMHSC) due to program provisions.*

ALL sections must be complete.

1. IDENTIFYING DATA

Name: _____
Last First MI

Permanent Address: _____

Mailing 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? _____

Optional: The following is optional information that will be helpful to the NMHSC in evaluating it's Program should you choose to provide it.

Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male		
Racial/Ethnic Background:				
<input type="checkbox"/> African American/Black		<input type="checkbox"/> Latino(a)/Hispanic		
<input type="checkbox"/> American Indian or Alaskan Native		<input type="checkbox"/> White/Non-Hispanic		
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Other, please specify:		

PUBLIC HEALTH DIVISION

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(505) 827-2389 • FAX: (505) 827-2329 • www.nmhealth.org

2. CAREER CHOICE AND EDUCATION

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

- Resident Physician Date: _____
Specify type of residency: _____
- 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: _____

Expected Date of Program Completion: _____

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.
- 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 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. Please complete the academic history that apply below:

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/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: _____

3. 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:

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 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.

Your essay will allow the NMHSC to fully evaluate your application. **NOTE: 500-word count maximum.**

5. REFERENCES

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 rural areas.

1. Name: _____
Title: _____
Relationship to Applicant: _____
Place of Employment: _____
Phone Number: _____ Email Address: _____

2. Name: _____
Title: _____
Relationship to Applicant: _____
Place of Employment: _____



Phone Number: _____ Email Address: _____

- 3. Name: _____
- Title: _____
- Relationship to Applicant: _____
- Place of Employment: _____
- Phone Number: _____ Email Address: _____

APPLICANTS ARE RESPONSIBLE FOR ENSURING THAT RECOMMENDATION LETTERS ARE COMPLETED AND SUBMITTED TO THE NMHSC PROGRAM COORDINATOR VIA EMAIL.

6. SELF-CERTIFICATION

This application **MUST** be signed, dated, and emailed to the address below. Unsigned and incomplete applications will be regarded 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: _____

It is the applicant’s responsibility to ensure all required supporting documents are received by **3:00 PM MT on September 6, 2024**. Failure to submit a complete application package by the deadline **will deem the applicant ineligible**, and they will not be considered for a NMHSC stipend award.

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 NMHSC, please submit a request for accommodation with supporting documentation attached to this application.

² 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.