
**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 returned directly to the **mailing address** on page 3. Reference Reports that are emailed will not be accepted.
- Reference Reports are due **no later than 5 PM MT, November 13, 2020**.
- If you do not wish to recommend this applicant for a stipend, please complete SECTION 5 ONLY and return to the mailing address on page 3.

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?

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: _____

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 MAILED in hard copy format with original signature directly to:

Eleanor Dominguez, NMHSC Program Coordinator
DOH/Office of Primary Care and Rural Health
300 San Mateo Blvd. NE, Suite 900
Albuquerque, NM 87108

Reference Report Forms MUST arrive by 5 PM MT on November 13, 2020.

If you have any questions, please email the Eleanor Dominguez at Eleanor.Dominguez@state.nm.us or call at (505) 841-6454.