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, September 3, 2021.
- 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 at:
DOH/Office of Primary Care and Rural Health
5301 Central Ave. NE, Suite 800
Albuquerque, NM 87108

Reference Report Forms MUST arrive by 5 PM MT on September 3, 2021.

If you have any questions, please email the Eleanor Dominguez at
Eleanor.Dominguez@state.nm.us.