

**New Mexico Rural Health Practitioner Tax Credit Program Application**  
**Tax Year 2009**

<b>Name</b> - Please complete the following information:	
First Name	
Middle Initial	
Last Name	
Suffix	
Professional Degree (MD, DDS, etc)	

<b>Contact Information</b> - Please provide information about where you can be contacted:	
Street Address [line 1]	
Street Address [line 2]	
City/Town	
State	
Zip Code	
Email Address	
Telephone Number	
Fax Number	

<b>Health Profession:</b> Please check your licensed health profession [ <i>continues next page</i> ]:	
Physician	
Osteopathic Physician	
Physician Assistant	
Nurse Practitioner	
Nurse Midwife	
Nurse Anesthetist	
Clinical Nurse Specialist	
Dentist	
Dental Hygienist	
Optometrist	
Clinical Psychologist	
Podiatrist	

**Practice Specialty Information** [for physicians, physician assistants, nurse practitioners and advanced practice nurses] – Please provide the following information regarding your practice in rural areas:

Please indicate which health professional specialties (family practice, surgery, anesthesiology, etc.) you practiced at an eligible rural location during the taxable year:	

**New Mexico Licensing Information** - Please provide the following information:

New Mexico License Number		
License Expiration Date		

**Tax Credit Requested** – Please indicate which tax credit you are requesting:

<b>Full-time credit:</b> 2080 hours of work at an eligible location during the taxable year.	
<b>Part-time credit:</b> between 1040 and 2080 hours of work at an eligible location during the taxable year.	

**Tax Year Covered** - Please indicate the tax year for which you want a credit:

Beginning date: [mm/dd/yyyy]		
Ending date: [mm/dd/yyyy]		

**Description of Eligible Service Provision** - Please provide the following information about your work at eligible locations during the taxable year. If you need more room to fully describe your eligible work, please attach additional sheets:

<b>Practice Location 1:</b>			
	Street Address		
	City/Town		
	Zip Code		
	Practice hours at this location in tax year		
<b>Practice Location 2:</b> [If more than 1]			
	Street Address		
	City/Town		
	Zip Code		
	Practice hours at this location in tax year		

Practice Location 3:	[If more than 2]	
	Street Address	
	City/Town	
	Zip Code	
	Practice hours at this location in tax year	
If you conducted eligible practice in more than 3 locations provide details on an attachment.		
<b>Total Practice Hours</b> at eligible locations during the taxable year:		

**License** – Please provide a copy of your current New Mexico health professional license as an attachment to this application.

**Certification:** I hereby certify that all information supplied in this application is accurate to the best of my knowledge.

Name [Please print]:	
Signature:	
Date:	

**Submission** - Submit the completed application to:

New Mexico Rural Health Practitioner Tax Credit Program  
New Mexico Department of Health  
300 San Mateo NE – Suite 900  
Albuquerque, NM 87108

**New Mexico Rural Health Practitioner Tax Credit Program**  
**Application Instructions - Tax Year 2009**

**1. Name** – Please enter your taxpayer name and the professional degree associated with your eligible practitioner status.

**2. Contact Information** – Please enter the appropriate information that will permit us to effectively contact you.

**3. Health Profession** – Please select the eligible health profession for which you are claiming a practice credit.

**4. Practice Specialty Information** – Please enter those health professional specialties, if any, practiced at eligible locations during the taxable year.

**5. New Mexico Licensing Information** – Please enter license number and the license expiration date for your New Mexico health professional license. If you are a Federal health professional practicing with a license issued in another state, please indicate the issuing state, the license number, and the expiration date.

**6. Tax Credit Requested** – Please indicate whether you are requesting a full-time or part-time tax credit. The authorizing statute for the Program permits a full-time credit for eligible health care practitioners who have “*provided health care during a taxable year for at least 2080 hours*” at an eligible practice site. The statute permits a one-half credit amount for eligible health care practitioners who have “*provided health care services for at least 1040 hours but less than 2080 hours*” at an eligible practice site.

For purposes of the Tax Credit Program, the *provision of health care* includes, but is not limited to:

- Time providing services to patients;
- Time traveling to eligible practice locations;
- Time managing/administering health care provision;
- Time participating in continuing professional education; and
- Time on routine annual or sick leave.

**7. Tax Year Covered** – Please indicate the 12 month period for which you are claiming a practice credit. This should coincide with your tax year, and will normally be the calendar year.

**8. Description of Eligible Service Provision** – Please indicate how many hours of health care you provided at each eligible practice location during the taxable year. Space is provided on the form for you to summarize up to 3 practice locations. If you provided health care at more than 3 locations, please attach additional sheets with this information.

**9. License Copy** – Please attach a copy of your current health professional license.

**10. Certification** – Please sign and date the application. Use your usual signature.