



MICHELLE LUJAN GRISHAM  
Governor

DR. TRACIE C. COLLINS, M.D.  
Cabinet Secretary

## 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

#### PUBLIC HEALTH DIVISION

1190 St. Francis Dr., Suite 1050 • P.O. Box 26110 • Santa Fe, New Mexico • 87502  
(505) 827-2389 • FAX: (505) 827-2329 • www.nmhealth.org

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](mailto:Eleanor.Dominguez@state.nm.us) or call at (505) 841-6454.