The New Mexico Health Professional Loan Repayment Program (HPLRP) provides health educational loan repayment assistance to individuals providing health service in state or local government or the non-profit sector in New Mexico to low income or underserved residents.

The purpose of HPLRP is to increase the number of health professionals in underserved areas of the state through an educational loan repayment program. This is a service-based program, which requires a two (2) year commitment to work at an eligible health related facility.

Specialists in medical/dental fields are encouraged to apply. Priority will be given to those applicants working in designated areas of greatest need. Decisions on funding will be made on a case-by-case basis.

**General Eligibility Requirements:**

In order to be eligible for this program you must:

- Be licensed and/or certified in the state of New Mexico to practice in your profession.
- Be a citizen of the United States or a permanent resident alien and a resident of New Mexico.
- Be practicing in an eligible profession such as primary care physicians (including allopathic or osteopathic with a specialty in family or general medicine, general internal medicine, general pediatrics, and obstetrics and gynecology), physician assistants, advanced practice nurses, dentists, podiatrists, optometrists, and allied health care providers. Other specialties may be considered at the discretion of the health professions advisory committee.
- Provide service in a clinical practice of your profession full-time (minimum of 36 hours per week) for a minimum period of two years in a health professional shortage area.

**Selection Process:** The Health Profession Advisory Committee will screen applications and rank individuals based on the applicant's ability to describe their need for the program and their intent to work in a shortage area as defined by an eligible employer.

Funding preference is given to the following groups:

- Priority professions determined annually by the Advisory Committee.
- Graduates from a New Mexico public post-secondary institution.
- Individuals practicing in positions that are difficult to fill.
- Practices that require after hours call at least every other night and practices that require heavy obstetrical responsibilities.

**Award Amounts:** Awards will be determined by an applicant’s overall reported educational debt at the time of application.* Recipients will be required to sign a contract committing to serve at an eligible employment site for a period of two (2) years. Eligibility for funding will be reviewed on an annual basis and may be adjusted due to changes in annual income or changes in legislative funding.

Employment for 2017 award term will be from July 1, 2017 to June 30, 2019. Payments will be made directly to your student loan provider on a quarterly basis upon submission of verification of your employment for each quarter. A schedule of deadlines for submission of employment periods and verification will be provided to you. Upon completion of your two-year service commitment you are eligible to reapply.
Application Process:

Please Submit:
- Complete Application
- Proof of Professional License
- Copy of Driver’s License
- Proof of Loans/Loan Debt Information
- Official Letterhead Letter from Employer containing mandatory items (listed in Section E of the application)

The application and all supporting documents must be received by 5:00PM on May 1, 2017. Late applications or applications postmarked with the May 1st date but received after May 1st deadline date will not be accepted.

For further information, please contact the New Mexico Higher Education Department, Financial Aid Division at 1-800-279-9777 or visit our website at: http://hed.state.nm.us/students/health_lrap.aspx

Please mail your application to:
The New Mexico Higher Education Department
Financial Aid Division
2044 Galisteo, Suite 4
Santa Fe, NM 87505-2100

Please Note: If you are a recipient of National Health Service Corps, you do not qualify for the HPLRP. Your application will not be considered for funding.

Please DO NOT staple any documents within your application packet. Please binder clip the entire packet together.
# New Mexico Health Professional Loan Repayment Program (HPLRP)

## 2017-2018 APPLICATION New & Renewal

### Section A: Applicant Information

#### Contact Information

<table>
<thead>
<tr>
<th>Full Name:</th>
<th>Last</th>
<th>First</th>
<th>M.I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Permanent Address:</td>
<td>Street Address</td>
<td>Apartment/Unit #</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>ZIP Code</td>
<td></td>
</tr>
<tr>
<td>Home Phone:</td>
<td>( )</td>
<td>Alternate Phone:</td>
<td>( )</td>
</tr>
<tr>
<td>Last four digits of SS Number:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Previous name under which records may be kept:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender:</td>
<td>Male</td>
<td>Female</td>
<td></td>
</tr>
<tr>
<td>NM Drivers License #:</td>
<td>Expiration:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ethnicity (Optional - for statistical purposes only):</td>
<td>Anglo</td>
<td>African American</td>
<td>Hispanic</td>
</tr>
</tbody>
</table>

Are you a New Mexico resident?  Yes  No  
If yes, What month and year was residency established?  
If no, what was your previous state of residency:  
Are you relocating to NM for employment?  Yes  No  

Have you received NM Health Professional Loan Repayment Program (HPLRP) funding in the past?  Yes  No  
Are you a recipient of National Health Service Corps?  Yes  No  If you answered Yes to this question, you CANNOT apply for the Health Professional Loan Repayment Program.

If yes, what year did you apply?  
Did you receive funding?  Yes  No  

#### Professional Information

<table>
<thead>
<tr>
<th>Profession:</th>
<th>ALLIED</th>
<th>Physical Therapy</th>
<th>Occupational Therapy</th>
<th>Laboratory Tech.</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Pharmacy (Specify)</td>
<td>Nutrition</td>
<td>EMT</td>
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<tr>
<td></td>
<td></td>
<td>Speech Lang Pathology</td>
<td>Audiology</td>
<td>Radiology Tech.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Respiratory Care</td>
<td>Other</td>
<td></td>
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<tr>
<td>MENTAL HEALTH</td>
<td>CP</td>
<td>LCSW</td>
<td>PNS</td>
<td>LPC</td>
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<table>
<thead>
<tr>
<th>NURSING</th>
<th>Nurse Practitioner</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>MEDICAL</th>
<th>MD</th>
<th>DO</th>
<th>Specialty:</th>
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<th>Pediatric</th>
<th>Podiatry</th>
<th>OB/GYN</th>
<th>Orthopedics</th>
<th>General Medicine</th>
<th>General Internal Medicine</th>
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<tbody>
<tr>
<td>Physician Assistant</td>
<td>Osteopathic Physician Assistant</td>
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<tr>
<td>DENTAL</td>
<td>Dentist</td>
<td>Pediatric</td>
<td>Oral Maxillofacial Surgery</td>
<td>Other</td>
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<tr>
<td>EMPLOYER</td>
<td>Nonprofit, Govt. or Tribal</td>
<td>Sliding fee Scale/No Fee</td>
<td>Medicare Provider</td>
<td>Special Populations</td>
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Credentials & Certifications: (A copy of your NM license is required. If you are not currently licensed but expect to be prior to July 1, 2017, please attach a brief letter explaining your situation.) Please note, if accepted for this award you must provide a copy annually of your NM Professional License and/or certificate to NMHED.

<table>
<thead>
<tr>
<th>Licensing:</th>
<th>Type/State:</th>
<th>Expiration:</th>
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</thead>
<tbody>
<tr>
<td>License Number:</td>
<td>Restrictions (if any, please specify):</td>
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</tbody>
</table>

#### Reference

List one individual with separate contact information who can be reached for your most current address if necessary.

<table>
<thead>
<tr>
<th>Full Name:</th>
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<tr>
<td>Address:</td>
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<td>State</td>
</tr>
<tr>
<td>Primary Phone:</td>
<td></td>
<td>Relationship:</td>
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</tbody>
</table>
New Mexico Higher Education Department
New Mexico Health Professional Loan Repayment Program (HPLRP)
2017-2018 APPLICATION New & Renewal

Section B: Education

Undergraduate Education

BA/BS (Specify Major):

Name of Institution: 
City/State: 
Date of graduation: 

Graduate Education

Program:

Name of Institution: 
City/State: 
Date of graduation: 

Post-Graduate Professional Training

Program:

Name of Institution: 
City/State: 
Date of graduation: 

Section C: Financial Obligations

Have you ever been obligated under any New Mexico Health Professions Loan Program? 
☐ Yes  ☐ No 

If yes, have you completed your obligation (Cash or Service repayment)? 
☐ Yes  ☐ No 

Have you ever been obligated under the National Health Service Corps, Indian Health Service, Military, other federal or state scholarships or loan repayment programs? 
☐ Yes  ☐ No 
If so, please explain:

Please note: Applicants who have applied under the National Health Service Corps and have been awarded may only sign one service agreement at a time.

Have you recently applied for National Health Service Corp? 
☐ Yes  ☐ No 

If you have a current obligation with National Health Service Corps? If yes, when will your obligation be satisfied? 
Date: 

Have you ever defaulted upon an education loan, loan repayment obligation or scholarship program? 
☐ Yes  ☐ No 
If so, explain:
Section D: Student Loan Debt/Proof of Debt

Loans eligible for repayment assistance are any loans for legal education obtained for tuition, educational expenses, or living expenses from a college, university, government, or commercial source. The loan repayment program offers assistance in repayment of educational loan debt in exchange for service. However, it is the participant’s responsibility to make timely payments to lenders. Please list all of your eligible loans by priority, meaning the education loan you prefer to be paid first will be listed as #1.

Payments cannot be split between lenders. NMHED must be given 60 day notification if there is a change of lender. NMHED can only change lenders in case of payoff or consolidation. It is the participant’s responsibility to notify NMHED of a change in lender due to payoff or consolidation. Failure to notify NMHED will result in a delay of payment. If your educational loan is administered by a private lending company, the loan may not be eligible for loan repayment assistance. If there is insufficient space to list all loans, attach additional loan information. All balances MUST match current student loan statements to be eligible.

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<thead>
<tr>
<th>Lender/Servicer:</th>
<th>Outstanding balance:</th>
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<td>Payment Mailing Address:</td>
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</table>

Total Outstanding Balance $


*Any and all loans consolidated with a spouse will not be considered.
Section E: Employment Certification

An official letterhead letter from the employer **must** be attached and **must** contain the following information:

1. Full Name of Employee
2. Job Title of Employee
3. Name of Organization
4. Address
5. City, State, Zip
6. Dates of Employment (if contract, please specify)
7. Employment Status (full-time, part-time)
8. Number of hours worked per week
9. Brief summary of employee’s responsibilities and duties
10. Patient Service (In-patient, out-patient)
11. Geographic/County area that the employee is serving
12. Medicare/Medicaid Provider Number
13. Employer Tax ID Number
14. Name, Title, Phone Number, Signature and date of **authorized personnel** completing the official letterhead letter.
15. If the organization is governmental tribal or not-for-profit, documentation **MUST** be attached. If not, please state in letter.
16. If your organization treats patients regardless of their ability to pay, documentation **MUST** be attached. (sliding fee scale must be attached). If not, please state within the letter.
17. List any special populations served within your organization. If no special populations are served, this **MUST** be stated within the letter.

I understand the application will not be considered unless numbered items 1-17 are included in the official letterhead letter from my employer and must be on official letterhead. It is solely my responsibility to ensure all mandatory information is included in the official letterhead letter. **If any of the 1-17 items are omitted from the letter, your application will be considered incomplete and you will not be considered for funding.**

________________________________________________________________________

Applicant Signature ____________________________________________________________________________ Date

Applicant Print Name

Applicant Email Address
Certification Checklist

I understand that the application packet will not be considered complete unless all sections within the application are complete and all documents are submitted. Do not submit any envelopes in your packet. If any of the items below are omitted from the application packet, your application will be considered incomplete and will not be reviewed or considered for funding. Please check box to ensure all attachments are included.

☐ Section A: Applicant Information.
   • Attach a copy of your current New Mexico Professional License. If you are not currently licensed but expect to be prior to July 1, 2017, please attach a brief letter explaining your situation. If you will not be licensed until after July 1, 2017, you are not eligible to apply until the following year.
   • Attach a copy of your driver's license.

☐ Section B: Education Information.

☐ Section C: Financial Obligations.
   • Applicants who have applied under the National Health Service Corps and have been awarded may only sign one service agreement at a time.

☐ Section D: Student Loan Debt/Proof of Debt.
   • Attach a copy of a current loan statement(s) for each loan listed in Section D. Balances within Section D MUST match current loan statement. Loan statement dates MUST be between the periods of February 2017-April 2017. Be sure to include the total balance amount at the bottom of the page. Any and all loans consolidated with a spouse will not be considered.

☐ Section E: Employment Certification.
   • Attach an official letterhead letter from your employer, the letter must contain numbered items 1-17. If any items are omitted, the application will considered incomplete and will not be considered for funding. The letter must be on official letterhead.

By signing below I am certifying that I understand that the original application and all necessary supporting documents must be RECEIVED by the Financial aid Office at the New Mexico Higher Education Department by 5:00PM on May 1, 2017. I understand that applications postmarked with the date of May 1st and received after the deadline date will not be considered. The application must be RECEIVED by the deadline indicated above.

I understand that all awards are subject to the availability of funds.

I understand that all awards paid to my student loan provider are considered non-taxable income according to the Internal Revenue Service.

I understand that if I am selected as a participant of the New Mexico HPLRP, it is solely my responsibility to make timely monthly payments to my lender/servicer. NMHED is under no obligation to make monthly payments or payment arrangements with my education lender/servicer.

I understand that the HPLRP program is committed to serving the people of New Mexico. If I am selected as a participant I agree to submit a signed contract of commitment to provide service in New Mexico at the site under which I have submitted this application for a minimum of two years.
All the attachments and information on this application is true and completed to the best of my knowledge. If asked by the New Mexico Higher Education Department, I will provide proof of the information I have reported on this application. I understand if any required information is omitted from any part of the application, my application will be considered incomplete and will not be considered for funding.

I understand all information can and will be used in a legal capacity if necessary.

The HPLRP is an extremely competitive program and a portion of the scoring component is based on your application packet as received by NMHED. I understand the Financial Aid Division will not release any information regarding the completion of my application packet. I understand once my application is received, no additional documents may be added to my packet.

__________________________________________  ________________
Signature                                       Date