DC Department of Health
Primary Care Bureau
Health Professional Loan Repayment Program
899 North Capitol Street NE, 3rd Floor
Washington, DC 20002
P: (202) 442-5892 F: 202.442.4948 EMAIL: HPLRP@dc.gov

DC HEALTH PROFESSIONAL LOAN REPAYMENT PROGRAM APPLICATION

Section II: DC HPLRP Recommendation Form *(This is the second part of three sections that make up the DC HPLRP Application)*

Recommendation forms must be completed by professional references; at least two references must be the applicant's current or former supervisors.

Part A: Applicant Information *(to be completed by applicant)*

First Name: _____ MI: ___ Last Name: _____

Email: _____

Part B: Recommender Information *(to be completed by recommender)*
The individual listed above is applying to the DC Health Professional Loan Repayment Program (HPLRP). This form is confidential and will not be released to the applicant.

Recommender Name: _____

Title: _____

Address: _____
Number Street Apt/Suite

_____
City State Zip code

Telephone: ( ) _____

1. In what capacity do you know the applicant?

☐ Current supervisor ☐ Former supervisor ☐ Professor ☐ Other _____

2. How long have you known the applicant (approximate)? _____ Years ____ Months

3. What are the applicant's greatest strengths? _____

_____

_____

_____

4. Can you identify any characteristics of the applicant that might limit their ability to provide 40 hours per week of clinical care for a minimum of two years? _____

_____

_____

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5. Please rate the applicant relative to other individuals you have known in the same capacity by checking the appropriate number on the rating scales corresponding to each characteristic below (1 = lowest; 5 = highest):

A. Demonstrates and understands the need to provide care to the underserved

○1 ○2 ○3 ○4 ○5

B. Demonstrates knowledge and acceptance of cultural diversity

○1 ○2 ○3 ○4 ○5

C. Possesses strong interpersonal skills

○1 ○2 ○3 ○4 ○5

D. Understands the health care delivery system

○1 ○2 ○3 ○4 ○5

E. Exercises maturity in relating to patients and in making decisions

○1 ○2 ○3 ○4 ○5

F. Ability to adapt and/or be flexible when relating to others on a professional basis

○1 ○2 ○3 ○4 ○5

6. Explain why you gave a score of 3 or less on any characteristics: _____

_____

_____

_____

Recommender's Signature: _____ Date: _____

Thank you for completing this form.

SUBMIT FORM TO: HPLRP@dc.gov
Or Fax: 202.442.4948
Or mail to:
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Washington, DC 20002

Save Form Submit Form