

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

Or Fax: 202.442.4948

Or mail to:

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