

## Form B

### “Getting Started” – Field Placement Plan

Students must complete this form and secure the preceptor's signature and the advisor's approval ***before the student begins the field placement.***

Student name \_\_\_\_\_

University/School or Program of Public Health: \_\_\_\_\_

Student degree program \_\_\_\_\_

Agency/Program name \_\_\_\_\_

Preceptor name and e-mail: \_\_\_\_\_

Address \_\_\_\_\_

Dates of Field Placement: \_\_\_\_\_

Medically underserved area: Yes \_\_\_\_\_ No \_\_\_\_\_

Location : Rural \_\_\_\_\_ Frontier \_\_\_\_\_ Urban \_\_\_\_\_ Suburban \_\_\_\_\_

Population Served: \_\_\_\_\_

#### Project Summary:

1. Description: (Include Activities, skills to be gained/used, population and area served)

2. Learning objectives/Expectations:

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_