

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. _____

3. Field placement Products

4. Milestones/timeline

SIGNATURES

Student _____ Date _____

Advisor _____ Date _____

Preceptor _____ Date _____