**University of Arkansas for Medical Sciences**

 **Fay W. Boozman College of Public Health**

**Applied Practice Experience - New Site Form**

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| --- |
| **Name of Agency/Organization** |
|  |
| **Name of Representative at Agency/Organization** | **Job Title** |
|  |  |
| **Contact Information** |
| Street address |
| City | State | Zip |
| Phone | Fax | Email | Website |

**DESCRIPTION OF ORGANIZATION/AGENCY**

**GEOGRAPHICAL TARGET AREA/TARGET POPULATION**

**STATE POSSIBLE ACTIVITIES FOR A PRACTICE EXPERIENCE/TIME NEEED FOR COMPLETION**

**ARE POTENTIAL PROJECTS PERPETUAL OR DO THEY HAVE DEFINITIVE START AND END DATES?**

**REVIEW AND ATTACH POLICIES** regarding: attendance/tardy policy (illness, emergencies), dress/make-up, professional behavior and civil behavior (including use of technology in the work place).

Signature of Organization/Agency Representative Date

PLEASE RETURN FORM/DOCUMENTS TO:

Vanessa Lewis M.Ed

Public Health Practice Coordinator

Office of Student Affairs

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