

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Lindsey Lambert

Instructor Contact Information:

Jeremy Ellis - Cell (806) 470-6687 or Office (806)725-8940

Annie Harrison - Cell (806) 224-3078 or Office (806) 725-8923

Community Site: Sunrise outpatient clinic Date: 8/3/21

Student's Arrival Time: 0825 Departure Time: 1100

Printed Name of Staff: Nadia S. Signature: Nadia S. [Signature]

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_

Community Site: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Printed Name of Staff: \_\_\_\_\_ Signature: \_\_\_\_\_