

**Covenant School of Nursing
Community Site Verification Form
Instructional Module 5**

This is to verify that _____ has completed clinical hours as part of the IM5 course requirement.

Date: _____

Community Site: _____

Student's Arrival Time: _____

Departure Time: _____

Printed Name of Staff: _____

Signature of Staff: _____

Please call the CSON Instructor, Mrs. D'Anne White at 806.543.4962 should you have any additional comments regarding the student's performance and/or participation today.

Comments: _____

***Please submit to the "Clinic Verification Forms - White" Dropbox at the completion of your clinical day during your Community Wellness Initiative week.**