

CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Betty Wiebe

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:

Donna Neel - Cell (806) 441-5222 or Office (806) 725-8934

Rachel Soliz - Cell (806) 781-0689 or Office (806) 725-8951

Community Site: Parkridge Pregnancy Clinic Date: 8/29/23

Student's Arrival Time: 1000 Departure Time: 1500

Printed Name of Staff: Amy Richardson Signature: [Signature]

Community Site: Winn Date: 8/30/2023

Student's Arrival Time: 0815 Departure Time: 1700

Printed Name of Staff: Bridget Winn, FNP Signature: [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: _____