

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Meghan Schmitt

Instructor Contact Information:

Annie Harrison - (806) 224-3078

Jaynie Maya - (806) 928-8753

Community Site: Oceans Behavioral Hospital Date: 10-31-23

Student's Arrival Time: 0830 Departure Time: 1430

Printed Name of Staff: Jane Koether Signature: [Signature]

Community Site: Oceans Behavioral Hospital Date: 11-1-23

Student's Arrival Time: 0830 Departure Time: 1415

Printed Name of Staff: SHERALYN GARRIDO 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: _____