

School Nurse Paperwork

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

This is to verify that Catherine Huber has completed community service hours as part of the IM5 course requirement.

Date: 11-15-23

Facility/Organization: FHS 9th Grade Center

Time In: 8:00 Time Out: 12:00

Supervisor: [Signature]

Contact Information (phone or e-mail): [Signature]

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For questions or comments, please contact Jodi Tidwell (806) 543-4372 or [tidwellj1@covhs.org](mailto:tidwellj1@covhs.org)