

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

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

Date: 1/24/24

Facility/Organization: Hospice of Webb

Time In: 1030

Time Out: 1630

Supervisor: Heidi Hodges RN

Contact Information (phone or e-mail): (806) 525-<sup>141</sup>~~8227~~ 928-8530

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