

Covenant School of Nursing
Phlebotomy Clinical Site Verification Form
Instructional Module 2

This is to verify that _____ has completed their clinical site assignment as part of the IM2 course requirement.

Date: _____

Facility Site: _____

Time In: _____

Time Out: _____

Supervisor: _____

Contact Information (phone or e-mail): _____

Comments: _____
