

**LVN-RN Community/Ancillary Service Experience
Covenant School of Nursing**

(Student to fill out this section PRIOR to clinical experience)

Date: 2/14/24 Student's Name: Kiriean Wludyka
Organization: CSON LVN- RN
Site address: _____
Volunteer duties: _____

Signature of Staff:  Phone #: 806. 642. 6120
Hours completed: 3.5

Thank you for allowing a nursing student from **Covenant School of Nursing** LVN-RN Track to participate in your community/ancillary service site today.

Please call one of the Instructor's, **Ester McWilliams (806) 317-9680** (cell) or **Dondi Kilpatrick (806) 239-6263** (cell) for additional comments regarding student performance and/or participation in your area today.