

PMH CSON Student Community Site Verification Form

Covenant School of Nursing

Instructional Module: IM 6

Student Name: Davy Gomez

Instructor Contact Information:

Annie Harrison - (806) 224-3078

Jaynie Maya - (806) 928-8753

Community Site: OCEANS

Date: 4/9/24

Student's Arrival Time: 0630

Departure Time: 1430

Printed Name of Staff: Sheralyn Garrido, RN

Signature: [Signature], RN

Community Site: OCEANS

Date: 4/10/24

Student's Arrival Time: 0630

Departure Time: 1430

Printed Name of Staff: d. brockmeier RN

Signature: [Signature] RN

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: _____

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Davy Gomez

Instructor Contact Information:

Annie Harrison - (806) 224-3078

Jaynie Maya - (806) 928-8753

Community Site: HUB OF THE PLAINS Date: 4-11-24

Student's Arrival Time: 12:00 Departure Time: 1:00

Printed Name of Staff: _____ Signature: Betty A

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: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____