

PMH CSON Student Community Site Verification Form

Instructional Module: IM 6

Student Name: Zachary Wiggins

Instructor Contact Information:

Annie Harrison - (806) 224-3078

Jaynie Maya - (806) 928-8753

Community Site: Oceans Behavioral Hospital Date: 4-23-2024

Student's Arrival Time: 0630 Departure Time: 1900

Printed Name of Staff: Sheralyn Garrido, RN Signature: [Signature]

Community Site: Oceans Behavioral Health Date: 4/24/24

Student's Arrival Time: 0630 Departure Time: 1500

Printed Name of Staff: Janet Kaeffer Signature: [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: _____