Covenant School of Nursing

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: JOVANA SUAREZ

Please call the CSON Instructor(s) should you have any additional comments regarding the student's performance and/or participation today.

Instructor Contact Information:
Donna Neel – Cell (806) 441-5222 or Office (806) 725-8934
Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: CMG Women's Health **Date:** 10/23/24

Student's Arrival Time: 0800 **Departure Time:** 1639

Printed Name of Staff: Bridget Winn, FNPC **Signature:** Bridget Winn, FNPC

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:** _____

Adopted: August 2016, Updated July 2024