

**Covenant School of Nursing  
Community Service Verification Form  
Instructional Module 5**

This is to verify that Patty has completed  
community service hours as part of the IM5 course requirement.

Date: 11/5/24

Facility/Organization: Lubbock-Cooper

Time In: 0730

Time Out: \_\_\_\_\_

Supervisor: Clay Caldwell

Contact Information (phone or e-mail): lcaldwell@lcisp.net

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For questions or comments, please contact Jodi Tidwell (806) 543-4372 or  
tidwellj1@covhs.org