Covenant School of Nursing

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Alexa Dobbins

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:** 11/13/24
Student's Arrival Time: 7:50 **Departure Time:** 4:00
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:** _____
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Community Site: _____ **Date:** _____
Student's Arrival Time: _____ **Departure Time:** _____
Printed Name of Staff: _____ **Signature:** _____

Adopted: August 2016, Updated July 2024