

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Brooklyn Belyea

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: Parkridge Pregnancy Center Date: 12/4/24

Student's Arrival Time: 1000 Departure Time: 3:00

Printed Name of Staff: Emily White, RN Signature: Emily White, RN CCOB

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: _____