

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Halee Alsabrook

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

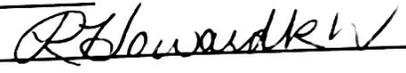
Instructor Contact Information:

Donna Neel – Cell (806) 441-5222 or Office (806) 725-8934

Rachel Soliz – Cell (806) 781-0689 or Office (806) 725-8951

Community Site: Dr. Lamothe Clinic Date: 12-4-24

Student's Arrival Time: 0815 Departure Time: 3:00

Printed Name of Staff: Rhonda Howard RN 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: _____

Community Site: _____ Date: _____

Student's Arrival Time: _____ Departure Time: _____

Printed Name of Staff: _____ Signature: _____