

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Kaylee Herbert

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

**Instructor Contact Information:**

Gracie Nuttall – Cell (806) 724-5445 or Office (806) 725-8934

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

Community Site: STD Clinic Date: 02-12-2025

Student's Arrival Time: 0815 Departure Time: 1630

Printed Name of Staff: Annette Rincon Signature: Annette Rincon, RN

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: \_\_\_\_\_