

OB Community Verification Sheet

Instructional Module: IM 6

Student Name: Celeste Gomez

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: Ramoth Date: 12/12/2025  
Student's Arrival Time: 0830 Departure Time: 3:30 clinic complete. Not here p  
Printed Name of Staff: Rhonda Howard RN Signature: R Howard 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: \_\_\_\_\_